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MEDICARE/MEDICAID NURSING HOME INFORMATION

TEXAS

Part 5

SAN AUGUSTINE TO YORKTOWN



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

88/89

MEDICARE/MEDICAID NURSING HOME INFORMATION

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Part 5

San Augustine-Yorktown

Louis W. Sullivan, M.D.

Secretary

U.S. Department of Health & Human Services

Gail R. Wilensky, Ph.D.

Administrator

Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 59 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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INTRODUCTION

The Health Care Financing Administration is the Federal agency responsible for the Medicare and Medicaid programs. We have a responsibility to provide the public with a wide range of information about the health care paid for through these programs. This second edition of the Medicare Medicaid Nursing Home Information report is part of our continuing commitment to provide needed information to the public in an understandable and usable form.

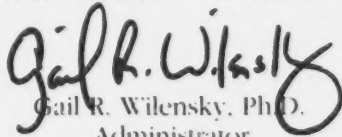
Clearly, nursing homes are an area of critical concern to many Medicare and Medicaid beneficiaries, their families and the public in general. There is no more important area where information is needed to help consumers make informed decisions and to provide the health care community with information on its performance. The information should also be helpful to a wide range of individuals and organizations, including nursing home administrators, physicians, ombudsmen and researchers. Among these audiences, we expect that the nursing home administrator and ombudsman will find the information most useful, primarily as a screening tool to evaluate a facility's strengths and weaknesses. We present this information in the hope that it will serve the public and nursing homes in their common interest of improving quality of care.

As with the 1987-1988 edition of Medicare Medicaid Nursing Home Information, this publication provides extensive information on individual nursing homes. It also provides background materials on Federal and State enforcement programs. This year we are including information concerning State or Federal compliance actions taken against a facility as a result of either of its last two surveys. Each State has identified a specific organizational contact and phone number for handling public inquiries about any compliance actions. In addition, this year's report includes 2 years of survey results for each of the selected 32 performance indicators. It also contains a list of Federal requirements that each facility failed to meet during its latest survey that most directly affect resident care. This provides a more complete look at the nursing home's recent performance history.

Please keep in mind that the primary purpose of this report is to provide a solid basis for further inquiry. It is neither the final, definitive word on nursing home performance nor a comprehensive guide to the selection of a nursing home. When properly understood and used, this information can be quite valuable; it can also be misleading if interpreted incorrectly. To use the information properly, you should read the introductory material carefully, particularly the sections on uses and limitations and how to read the profiles. These sections will assist you in correctly interpreting and making the best use of the material.

Because we recognize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled "Further Considerations." This section is designed to help individuals ask questions and obtain additional information to assist them in making personal decisions about nursing homes.

We realize that the task of selecting the most appropriate nursing home for an individual's needs is not an easy one. You will find this information to be a valuable source document. We trust that with better information, you will make better decisions about health care issues.


Gail R. Wilensky, Ph.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes the conditions observed in the nursing home at the time of its most recent survey. It includes both:

- o general information about a nursing home's population and the characteristics and care needs of its residents; and
- o specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and consumer ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers and/or their families might ask in the course of selecting a nursing home.

We expect that nursing homes individually and as an industry will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care rendered by a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

The information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

Finally, the information in this report does not reflect any changes in Federal requirements resulting from recent changes in the law. The new laws and regulations that would affect the content of this report will be effective on October 1, 1990.

DESCRIPTION OF SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) nursing homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. States also pay a share of the cost of surveying facilities that participate in the Medicaid program. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, varies in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the nursing home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home must submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or Agency on Aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State long-term care ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- o Social services departments in local hospitals;
- o Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- o State nursing home associations;
- o City or county welfare departments;
- o Religious groups; and
- o Better Business Bureau, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State/Federal Compliance Actions

A compliance action is any penalty imposed on a facility as a result of its inspection findings. These penalties could include a variety of actions under State licensure laws, such as the imposition of a fine, the revocation of a facility's license, or in the case of a penalty imposed on a facility as a result of a direct Federal survey, a ban on admissions. Given the possible number and types of actions (penalties) available to each State, it is impossible to describe here what specific actions may have been taken against a particular facility. Please see the following State specific information for further details regarding compliance actions available to individual States and how to contact the State survey agency for information about a compliance action in a particular facility. Refer to block 7 at the top of page 1 of each Nursing Home profile to determine if the facility was subject to a compliance action.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.



Texas Department of Health

Robert Bernstein, M.D., F.A.C.P.
Commissioner

1100 West 49th Street
Austin, Texas 78756-3199
(512) 458-7111

Robert A. MacLean, M.D.
Deputy Commissioner
Professional Services
Hermas L. Miller
Deputy Commissioner
Management and Administration

TEXAS LONG TERM CARE INSPECTION SYSTEM

- * Overview of nursing home licensure programs: Texas has had nursing home licensure since 1953 to assure safe and adequate treatment of individuals in institutions. This program is administered by the Bureau of Long Term Care with inspection personnel located in 25 offices throughout the state. Field offices are under the Regional Medical Director. Generally two major unannounced visits are conducted annually. Licensure activities and Medicare/Medicaid visits are conducted simultaneously.
- * Overview of enforcement systems: The licensing agency through the licensure law and Medicare/Medicaid systems may select any number of remedies when deficiencies are noted. The specific action taken is based on findings and professional decision as to the required remedy. Enforcement options include:
 - * Citation of the violation
 - * Administrative penalty for selected violations - monetary fine.
 - * Withholding of Medicaid funds
 - * Denial of certification for Medicare/Medicaid participation
 - * Court appointed trustee to assume facility operation
 - * Closure of facility and relocation of residents
- * Resources: The Texas Department of Health, Bureau of Long Term Care maintains an information service toll-free hotline for individuals to register complaints, request inspection reports, request general information, or seek assistance in any matter relating to nursing homes. This telephone is manned during regular work hours and is on a recorder at other times.

The toll-free number is 1-800-252-9106.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies include:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that the health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The regional AoA offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
21st Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-2977

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 33
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of the OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Regional Manager, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Regional Manager, OCR
DHHS Region III
3535 Market Street
P.O. Box 13716
Room 6300
Philadelphia, PA 19101
(215) 596-1262

Regional Manager, OCR
DHHS Region V
16th Floor
105 West Adams Street
Chicago, IL 60603
(312) 886-2359

Regional Manager, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Regional Manager, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Regional Manager, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Regional Manager, OCR
DHHS Region IV
101 Marietta Tower
Room 1502
Atlanta, GA 30323
(404) 331-2779

Regional Manager, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Regional Manager, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294-3538
(303) 844-2024

Regional Manager, OCR
DHHS Region X
2201 Sixth Avenue
Mail Stop RX 11
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of the HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
JFK Federal Building
Room 1211
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
26 Federal Plaza
Room 3821
New York, NY 10278
(212) 264-1121

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-6571

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
101 Marietta Tower, Suite 601
Atlanta, GA 30323
(404) 331-2361

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
15th Floor
105 West Adams Street
Chicago, IL 60603
(312) 353-9805

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
1200 Main Tower Building
Room 2000
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 242
601 East 12th Street
Kansas City, MO 64106
(816) 426-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Federal Office Building, Room 1185
1961 Stout Street
Denver, CO 80294-3538
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
75 Hawthorne Street
San Francisco, CA 94105
(415) 744-3679

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2201 Sixth Avenue, Mail Stop RX 42
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State:

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania,
Virginia, and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and
Guam

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi, North Carolina
South Carolina and Tennessee

Region VI/Dallas

Arkansas, Louisiana, New Mexico,
Oklahoma, and Texas

Region VIII/Denver

Colorado, Montana, North Dakota,
South Dakota, Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- o Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- o Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- o Ask about the home's last survey, what problems were found and if and how they have been corrected.
- o Ask whether the facility has been surveyed since the survey described in the report. You can ask to see the survey results.
- o Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- o Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- o Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- o Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- o Find out about the home's visiting hours and how much choice residents have as to the time they get up, eat and go to bed.
- o See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- o Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- o Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- o Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- o Note how the rooms accommodate individual resident preferences.
- o Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- o Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- o Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- o Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- o Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- o Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- o Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- o Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- o Ask how the home provides dental care to its residents.
- o Ask about how the resident or family is involved in care planning decisions.

Food

- o Ask at what times meals are served and whether snacks are available. Ask if residents have flexibility about when meals are served and what is served? Ask to see the menus for a week. Are substitutions readily available?
- o Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- o Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- o Ask if there is an activities coordinator and see if there is suitable space available for activities.
- o Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?
- o Ask about how individual activity preferences are encouraged and supported by the facility.

Glossary of Terms

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities, and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are "pressure sore" or "decubitus."

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions. Another term for a bowel and bladder control problem is "incontinence."

Respiratory Care. A resident with trouble breathing may need assistance, which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Physical restraints are devices attached or adjacent to the body which restrict freedom of movement or normal access to one's body. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms. Use of drugs to control behavior is often called chemical restraints.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See Bed Sore.

Suctioning. A resident who is unable to cough up fluids or mucous in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving an individual from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE			
NURSING HOME PROFILE			
STATESBORO NURSING HOME			
Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION?

The first 4 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self explanatory
Street Address: Self explanatory
City and State: Self explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF)—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF)—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities conduct rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private"; these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious - A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private - A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other - A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary - A nursing home operated for profit.

Government - A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

Compliance Action: The information in this block indicates whether or not the nursing home has had any action taken against it by either the State or the federal government as a result of either of the last two inspections. If there is a "YES" in this block, refer to the State specific information in the front of this book for details on specific actions that can be taken against a nursing home and how to contact the State for further information about the nursing home in question. Please note that if a more recent inspection has been conducted, a compliance action may have been revoked subsequent to the publication of this report. Likewise, a more recent inspection might result in a compliance action which was taken after publication of this report.

EXAMPLE				
SELECTED RESIDENT CHARACTERISTICS				
Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	82.9	82.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing". Following is an explanation of information provided in the profile:

Column 1 - Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 - Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 - State, %: Indicates that, in the State where the nursing home is located, 82.9% of all residents in similar facilities require assistance in bathing.

Column 4 - Nation, %: Indicates that, for the nation as a whole, 82% of all residents in similar facilities require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

FACILITY MET NOT MET 87 88	FACILITY MET NOT MET 88 89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88 89			
		STATE		NATION	
		#	%	#	%
MET	MET	5	4.1	232	2.3

The "Selected Performance Indicators," section of the profile tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare and/or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements during its two most recent inspections by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Columns 1 and 2 - Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area. Column 1 shows information from the 87/88 survey cycle. N/A in column 1 means "not applicable" indicating the facility was not participating in the Medicare and/or Medicaid programs at the time of the 87/88 Medicare/Medicaid Nursing Home Information release. Column 2 shows information from the 88/89 survey cycle.

Column 3 - State, #: Indicates that there were 5 similar facilities in the State that did not perform satisfactorily in this area.

Column 4 - State, %: Indicates that the 5 facilities that did not perform satisfactorily represent 4.1% of the similar facilities in the State.

Column 5 - Nation, #: Indicates that there were 232 similar facilities in the nation that did not perform satisfactorily in this area.

Column 6 - Nation, %: Indicates that the 232 facilities that did not perform satisfactorily represent 2.3% of all similar facilities in the nation.

Note: The information in columns 3-6 applies only to the most recent set of surveys.

EXAMPLE

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

The final section of the profile, "Listing of Facility Deficiencies", lists each of the Federal requirements that the facility failed to meet during its recent survey and that most directly affect resident care. A full statement of each requirement is contained in the nursing home survey report form, a copy of which can be found at the end of this volume. To determine the nature of a deficiency, consult the survey report form and match the listed code number(s) with the number(s) located in the left-hand column of the form.

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NURSING HOME PROFILE HINES HEALTH CARE CENTER

Street Address: 806 NORTH CLARK STREET		City and State: SAN AUGUSTINE, TX 75972	
Participation: MEDICAID ICF	# of Beds: 70	Type of Ownership: PROPRIETARY	Survey Date: 04/18/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	Medicare Residents: 0	Medicaid Residents: 27
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	32	84.2	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	25	65.8	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	76.3	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	71.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	28.9	33.4	30.4
Completely bedfast residents.	1	2.6	6.6	2.8
Residents confined to chairs.	18	47.4	50.2	40.9
Residents requiring restraints.	6	15.8	30.9	30.9
Confused or disoriented residents.	26	68.4	59.1	55.4
Residents with bed sores.	0	0.0	5.7	4.8
Residents receiving special skin care.	5	13.2	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F144	F168*	F169	F170	F190	F191*	F194	F199
F294	F314						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SAN AUGUSTINE NURSING CENTER

Street Address: HWY 96 AT FM 1277		City and State: SAN AUGUSTINE, TX 75972	
Participation: MEDICAID ICF	# of Beds: 58	Type of Ownership: PROPRIETARY	Survey Date: 03/21/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
48	0	41			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		27	56.3	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		26	54.2	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		25	52.1	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		24	50.0	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		31	64.6	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		7	14.6	33.4	30.4
Completely bedfast residents.		1	2.1	6.6	2.8
Residents confined to chairs.		27	56.3	50.2	40.9
Residents requiring restraints.		10	20.8	30.9	30.9
Confused or disoriented residents.		19	39.6	59.1	55.4
Residents with bed sores.		0	0.0	5.7	4.8
Residents receiving special skin care.		8	16.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F170 F199 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE TWIN LAKES CARE CENTER

Street Address: RT 1 BOX 725 HWY 96		City and State: SAN AUGUSTINE, TX 75972	
Participation: MEDICAID ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 06/02/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
89	0	62			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		73	82.0	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		72	80.9	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		59	66.3	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		81	91.0	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		48	53.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		31	34.8	33.4	30.4
Completely bedfast residents.		1	1.1	6.6	2.8
Residents confined to chairs.		49	55.1	50.2	40.9
Residents requiring restraints.		32	36.0	30.9	30.9
Confused or disoriented residents.		56	62.9	59.1	55.4
Residents with bed sores.		10	11.2	5.7	4.8
Residents receiving special skin care.		18	20.2	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F128*	F186	F190	F191*	F194	F199	F288	F294
F314							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE TWINBROOKE SOUTH SAN BENITO

Street Address: 502 E EXPRESSWAY		City and State: SAN BENITO, TX 78586	
Participation: MEDICAID ICF	# of Beds: 52	Type of Ownership: PROPRIETARY	Survey Date: 06/16/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
47	0	37			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		47	100	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		47	100	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		36	76.6	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		43	91.5	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		32	68.1	62.2	50.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		12	25.5	33.4	30.4
Completely bedfast residents.		0	0.0	6.6	2.8
Residents confined to chairs.		26	55.3	50.2	40.9
Residents requiring restraints.		16	34.0	30.9	30.9
Confused or disoriented residents.		29	61.7	59.1	55.4
Residents with bed sores.		2	4.3	5.7	4.8
Residents receiving special skin care.		2	4.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F134 F259 F332* F333

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
LA HACIENDA NURSING HOME INC**

Street Address: 4408 HIGHWAY 44 EAST		City and State: SAN DIEGO, TX 78384	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 114	Type of Ownership: PROPRIETARY	Survey Date: 05/18/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
100	0	89			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		96	96.0	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		89	89.0	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		66	66.0	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		66	66.0	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		70	70.0	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		34	34.0	44.1	39.1
Completely bedfast residents.		0	0.0	10.9	3.2
Residents confined to chairs.		59	59.0	54.2	52.3
Residents requiring restraints.		32	32.0	35.7	40.4
Confused or disoriented residents.		46	46.0	59.5	58.6
Residents with bed sores.		2	2.0	9.2	7.6
Residents receiving special skin care.		21	21.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F085* F285

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SAN JUAN NURSING HOME INC

Street Address: 300 N NEBRASKA AVE		City and State: SAN JUAN, TX 78589	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 124	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 12/16/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 4	Medicaid Residents: 92		
		FACILITY		STATE
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		111	96.5	85.5
Dressing				
Residents requiring some or total assistance in dressing.		106	92.2	85.0
Toileting				
Residents requiring some or total assistance in toileting.		94	81.7	75.5
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		85	73.9	75.3
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		62	53.9	71.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3
Eating				
Residents receiving tube feedings or requiring assistance with eating.		61	53.0	44.1
Completely bedfast residents.		1	0.9	10.9
Residents confined to chairs.		83	72.2	54.2
Residents requiring restraints.		84	73.0	35.7
Confused or disoriented residents.		56	48.7	59.5
Residents with bed sores.		10	8.7	9.2
Residents receiving special skin care.		6	5.2	24.7

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	27	7.5	1528	14.9
MET	MET	28	7.8	2029	19.7
MET	MET	16	4.4	1395	13.6
MET	NOT MET	107	29.6	2492	24.2
MET	MET	14	3.9	1356	13.2
MET	MET	4	1.1	568	5.5
MET	MET	12	3.3	917	8.9
MET	MET	29	8.0	1551	15.1
MET	MET	29	8.0	1319	12.8
MET	MET	19	5.3	1156	11.2
MET	MET	19	5.3	981	9.5
MET	MET	45	12.5	1411	13.7
MET	MET	22	6.1	1452	14.1
MET	MET	12	3.3	2140	20.8
MET	MET	23	6.4	760	7.4
MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F128* F134 F191* F262

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE CARE INN OF SAN MARCOS

Street Address: RT 2 BOX 218		City and State: SAN MARCOS, TX 78666	
Participation: MEDICAID ICF	# of Beds: 146	Type of Ownership: PROPRIETARY	Survey Date: 03/16/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
46	0	30			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		15	32.6	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		36	78.3	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		29	53.0	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		29	63.0	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		25	54.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		15	32.6	33.4	30.4
Completely bedfast residents.		0	0.0	6.6	2.8
Residents confined to chairs.		26	56.5	50.2	40.9
Residents requiring restraints.		17	37.0	30.9	30.9
Confused or disoriented residents.		31	67.4	59.1	55.4
Residents with bed sores.		6	13.0	5.7	4.8
Residents receiving special skin care.		10	21.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F102	F128*	F131*	F191*	F199	F294	F313*
F332*	F349						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **HAYS NURSING CENTER**

Street Address: 1900 MEDICAL PARKWAY		City and State: SAN MARCOS, TX 78666	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 05/19/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
53	2	31			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		32	60.4	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		42	79.2	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		37	69.8	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		34	64.2	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		30	56.6	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		28	52.8	44.1	39.1
Completely bedfast residents.		3	5.7	10.9	3.2
Residents confined to chairs.		33	62.3	54.2	52.3
Residents requiring restraints.		3	5.7	35.7	40.4
Confused or disoriented residents.		28	52.8	59.5	56.6
Residents with bed sores.		3	5.7	9.2	7.6
Residents receiving special skin care.		1	1.9	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	NOT MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	NOT MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056	F085*	F102	F126	F129*	F133*	F134	F207
F262	F346	F359					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
HILLSIDE MANOR OF SAN MARCOS INC**

Street Address: 1351 THORPE LANE		City and State: SAN MARCOS, TX 78660	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 149	Type of Ownership: PROPRIETARY	Survey Date: 09/08/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 122	Medicare Residents: 0	Medicaid Residents: 74			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		116	95.1	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		119	97.5	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		92	75.4	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		87	71.3	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		92	75.4	71.4	69.4
Residents on individually written bowel and bladder retraining program.		3	2.5	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		37	30.3	44.1	39.1
Completely bedfast residents.		7	5.7	10.9	3.2
Residents confined to chairs.		86	70.5	54.2	52.3
Residents requiring restraints.		33	27.0	35.7	40.4
Confused or disoriented residents.		65	53.3	59.5	58.6
Residents with bed sores.		4	3.3	9.2	7.6
Residents receiving special skin care.		8	6.6	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
NOT MET	MET	27	7.5	1528	14.9
MET	MET	28	7.8	2029	19.7
MET	MET	16	4.4	1395	13.6
NOT MET	NOT MET	107	29.6	2492	24.2
MET	MET	14	3.9	1356	13.2
MET	MET	4	1.1	568	5.5
NOT MET	MET	12	3.3	917	8.9
MET	MET	29	8.0	1551	15.1
MET	MET	29	8.0	1319	12.8
MET	MET	19	5.3	1156	11.2
MET	MET	19	5.3	981	9.5
MET	MET	45	12.5	1411	13.7
MET	MET	22	6.1	1452	14.1
MET	MET	12	3.3	2140	20.8
MET	NOT MET	23	6.4	760	7.4
NOT MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F130	F140	F144	F191*	F227	F294	F314
F321	F345*	F359					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **EVENTIDE NH INC**

Street Address: 1405 W STOREY		City and State: SAN SABA, TX 76877	
Participation: MEDICAID ICF	# of Beds: 80	Type of Ownership: PROPRIETARY	Survey Date: 08/24/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	Medicare Residents: 0	Medicaid Residents: 43			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		57	78.1	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		49	67.1	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		42	57.5	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		35	47.9	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		31	42.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		33	45.2	33.4	30.4
Completely bedfast residents.		1	1.4	6.6	2.8
Residents confined to chairs.		34	46.6	50.2	40.9
Residents requiring restraints.		20	27.4	30.9	30.9
Confused or disoriented residents.		29	39.7	59.1	55.4
Residents with bed sores.		1	1.4	5.7	4.8
Residents receiving special skin care.		5	6.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F224 F250 F259 F282 F285 F294 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **SAN SABA NH**

Street Address: 608 S EDGEWOOD ST		City and State: SAN SABA, TX 76877	
Participation: MEDICAID ICF	# of Beds: 63	Type of Ownership: PROPRIETARY	Survey Date: 08/22/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	Medicare Residents: 0	Medicaid Residents: 41		
		FACILITY		STATE
		#	%	%
				NATION
				%
Bathing				
Residents requiring some or total assistance in bathing.		49	98.0	81.3
Dressing				
Residents requiring some or total assistance in dressing.		32	64.0	78.0
Toileting				
Residents requiring some or total assistance in toileting.		35	70.0	66.3
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		33	66.0	68.5
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		25	50.0	62.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5
Eating				
Residents receiving tube feedings or requiring assistance with eating.		9	18.0	33.4
Completely bedfast residents.		3	6.0	6.6
Residents confined to chairs.		26	52.0	50.2
Residents requiring restraints.		9	18.0	30.9
Confused or disoriented residents.		19	38.0	59.1
Residents with bed sores.		6	12.0	5.7
Residents receiving special skin care.		11	22.0	21.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F126 F135 F173* F227

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE CARE INN OF SANGER

Street Address: 600 N STEMMONS FWY BOX 786		City and State: SANGER, TX 76266	
Participation: MEDICAID ICF	# of Beds: 67	Type of Ownership: PROPRIETARY	Survey Date: 03/29/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	Medicare Residents: 0	Medicaid Residents: 41			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		47	88.7	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		31	58.5	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		25	47.2	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		25	47.2	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		22	41.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.		6	11.3	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		9	17.0	33.4	30.4
Completely bedfast residents.		0	0.0	6.6	2.8
Residents confined to chairs.		17	32.1	50.2	40.9
Residents requiring restraints.		5	9.4	30.9	30.9
Confused or disoriented residents.		27	50.9	59.1	55.4
Residents with bed sores.		5	9.4	5.7	4.8
Residents receiving special skin care.		6	11.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F085*	F102	F134	F170	F260	F263	F293*
F294							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE RANGER PARK INN

Street Address: BROWNWOOD HIGHWAY		City and State: SANTA ANNA, TX 76878	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 70	Type of Ownership: PROPRIETARY	Survey Date: 03/29/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
60	0	36			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		56	93.3	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		49	81.7	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		35	58.3	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		33	55.0	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		23	38.3	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		16	26.7	44.1	39.1
Completely bedfast residents.		2	3.3	10.9	3.2
Residents confined to chairs.		30	50.0	54.2	52.3
Residents requiring restraints.		7	11.7	35.7	40.4
Confused or disoriented residents.		29	48.3	59.5	58.6
Residents with bed sores.		3	5.0	9.2	7.6
Residents receiving special skin care.		7	11.7	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	26	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F098	F102	F215	F217	F218*	F250	F293*	F294
F297	F320	F321	F332*	F343	F346		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE COUNTRY VIEW NURSING CENTER

Street Address: HIGHWAY 82 EAST		City and State: SAVOY, TX 75479	
Participation: MEDICAID ICF	# of Beds: 96	Type of Ownership: PROPRIETARY	Survey Date: 10/04/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	Medicare Residents: 0	Medicaid Residents: 34			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		29	72.5	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		29	72.5	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		26	65.0	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		40	100	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		25	62.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.		3	7.5	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		17	42.5	33.4	30.4
Completely bedfast residents.		5	12.5	6.6	2.8
Residents confined to chairs.		19	47.5	50.2	40.9
Residents requiring restraints.		5	12.5	30.9	30.9
Confused or disoriented residents.		38	95.0	59.1	55.4
Residents with bed sores.		3	7.5	5.7	4.8
Residents receiving special skin care.		40	100	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F288 F294 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **MULLICAN NURSING HOME INC**

Street Address: MAIN STREET PO BOX 426		City and State: SAVOY, TX 75479	
Participation: MEDICAID ICF	# of Beds: 122	Type of Ownership: PROPRIETARY	Survey Date: 04/06/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
82	0	62			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		78	95.1	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		58	70.7	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		49	59.8	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		38	46.3	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		51	62.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.		2	2.4	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		36	43.9	33.4	30.4
Completely bedfast residents.		21	25.6	6.6	2.8
Residents confined to chairs.		47	57.3	50.2	40.9
Residents requiring restraints.		14	17.1	30.9	30.9
Confused or disoriented residents.		56	68.3	59.1	55.4
Residents with bed sores.		5	6.1	5.7	4.8
Residents receiving special skin care.		10	12.2	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.						
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126* F139 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **AUTUMN WINDS RETIREMENT LODGE**

Street Address: FM 3009 P O DRAWER A		City and State: SCHERTZ, TX 78154	
Participation: MEDICAID ICF	# of Beds: 96	Type of Ownership: PROPRIETARY	Survey Date: 10/13/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62	Medicare Residents: 0	Medicaid Residents: 6			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		42	67.7	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		48	77.4	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		36	58.1	66.3	63.1
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		33	53.2	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		26	41.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		11	17.7	33.4	30.4
Completely bedfast residents.		0	0.0	6.6	2.8
Residents confined to chairs.		29	46.8	50.2	40.9
Residents requiring restraints.		13	21.0	30.9	30.9
Confused or disoriented residents.		29	46.8	59.1	55.4
Residents with bed sores.		2	3.2	5.7	4.8
Residents receiving special skin care.		18	29.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	19	2.6	352	6.7
MET	NOT MET	48	6.5	683	12.9
MET	MET	20	2.7	345	6.5
MET	MET	184	24.9	1194	22.6
MET	MET	44	6.0	998	18.9
MET	MET	2	0.3	278	5.3
MET	MET	33	4.5	299	5.7
MET	MET	31	4.2	594	11.2
MET	MET	37	5.0	322	6.1
MET	MET	44	6.0	837	15.8
MET	MET	63	8.5	1089	20.6
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	56	7.6	269	5.1
MET	NOT MET	189	25.6	2043	38.6

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F096	F105	F115	F127*	F131*	F170	F173*	F262
F283	F332*						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE COLONIAL NURSING HOME

Street Address: 507 WEST AVENUE		City and State: SCHULENBURG, TX 78956	
Participation: MEDICAID ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 08/23/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
85	0	68			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		65	76.5	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		65	76.5	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		58	68.2	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		58	68.2	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		52	61.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		55	64.7	33.4	30.4
Completely bedfast residents.		10	11.8	6.6	2.8
Residents confined to chairs.		46	54.1	50.2	40.9
Residents requiring restraints.		38	44.7	30.9	30.9
Confused or disoriented residents.		48	56.5	59.1	55.4
Residents with bed sores.		0	0.0	5.7	4.8
Residents receiving special skin care.		12	14.1	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	693	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F139 F227 F287 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
CARTER NURSING HOME CORP**

Street Address: 111 FISK ROAD		City and State: SEAGOVILLE, TX 75159	
Participation: MEDICAID ICF	# of Beds: 116	Type of Ownership: PROPRIETARY	Survey Date: 03/15/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
93	0	75			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		84	90.3	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		84	90.3	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		45	48.4	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		46	49.5	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		53	57.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		29	31.2	33.4	30.4
Completely bedfast residents.		0	0.0	6.6	2.8
Residents confined to chairs.		37	39.8	50.2	40.9
Residents requiring restraints.		22	23.7	30.9	30.9
Confused or disoriented residents.		81	87.1	59.1	55.4
Residents with bed sores.		5	5.4	5.7	4.8
Residents receiving special skin care.		24	25.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F128* F130 F134 F169 F314 F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SEAGO MANOR

Street Address: 2416 ELIZABETH LANE		City and State: SEAGOVILLE, TX 75159	
Participation: MEDICAID ICF	# of Beds: 142	Type of Ownership: PROPRIETARY	Survey Date: 03/17/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	Medicare Residents: 0	Medicaid Residents: 57			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		61	92.4	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		61	92.4	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		39	59.1	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		40	60.6	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		44	66.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		20	30.3	33.4	30.4
Completely bedfast residents.		3	4.5	6.6	2.8
Residents confined to chairs.		32	48.5	50.2	40.9
Residents requiring restraints.		35	53.0	30.9	30.9
Confused or disoriented residents.		42	63.6	59.1	55.4
Residents with bed sores.		11	16.7	5.7	4.8
Residents receiving special skin care.		32	48.5	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100	F134	F169	F170	F236	F237*	F242*	F260
F293*	F294	F297	F313*	F359			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE AZALEA MANOR NURSING HOME

Street Address: 207 NORTH MEYER STREET		City and State: SEALY, TX 77474	
Participation: MEDICAID ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 07/21/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
80		0		47			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				46	57.5	81.3	78.5
Dressing							
Residents requiring some or total assistance in dressing.				56	70.0	78.0	76.5
Toileting							
Residents requiring some or total assistance in toileting.				49	61.2	66.3	63.4
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				48	60.0	68.5	67.1
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				44	55.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.				0	0.0	2.5	5.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				24	30.0	33.4	30.4
Completely bedfast residents.				1	1.2	6.6	2.8
Residents confined to chairs.				39	48.7	50.2	40.9
Residents requiring restraints.				20	25.0	30.9	30.9
Confused or disoriented residents.				52	65.0	59.1	55.4
Residents with bed sores.				4	5.0	5.7	4.8
Residents receiving special skin care.				1	1.2	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F173* F191* F318 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE CARE INN OF SEGUIN

Street Address: 1219 EASTWOOD DR		City and State: SEGUIN, TX 78155	
Participation: MEDICAID ICF	# of Beds: 104	Type of Ownership: PROPRIETARY	Survey Date: 12/02/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	Medicare Residents: 0	Medicaid Residents: 59			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		69	88.5	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		69	88.5	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		49	62.8	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		40	51.3	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		42	53.8	62.2	59.1
Residents on individually written bowel and bladder retraining program.		1	1.3	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		23	29.5	33.4	30.4
Completely bedfast residents.		0	0.0	6.6	2.8
Residents confined to chairs.		47	60.3	50.2	40.9
Residents requiring restraints.		12	15.4	30.9	30.9
Confused or disoriented residents.		35	44.9	59.1	55.4
Residents with bed sores.		3	3.8	5.7	4.8
Residents receiving special skin care.		12	15.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.						
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	NOT MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105	F126	F127*	F130	F173*	F199	F250	F294
F332*							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE NESBIT NURSING HOME

Street Address: 1215 EAST ASHBY BOX 1509		City and State: SEGUIN, TX 78155	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 09/28/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	Medicare Residents: 0	Medicaid Residents: 93			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		93	80.2	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		90	77.6	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		90	77.6	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		99	85.3	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		92	79.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.		12	10.3	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		29	25.0	33.4	30.4
Completely bedfast residents.		3	2.6	6.6	2.8
Residents confined to chairs.		56	48.3	50.2	40.9
Residents requiring restraints.		57	49.1	30.9	30.9
Confused or disoriented residents.		89	76.7	59.1	55.4
Residents with bed sores.		9	7.8	5.7	4.8
Residents receiving special skin care.		10	8.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE SEGUIN CONV HOME

Street Address: 1637 N KING ST		City and State: SEGUIN, TX 78155	
Participation: MEDICAID ICF	# of Beds: 115	Type of Ownership: PROPRIETARY	Survey Date: 12/08/88
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
107	0	65			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		77	72.0	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		89	83.2	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		81	75.7	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		78	72.9	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		80	74.8	62.2	59.1
Residents on individually written bowel and bladder retraining program.		1	0.9	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		52	48.6	33.4	30.4
Completely bedfast residents.		1	0.9	6.6	2.8
Residents confined to chairs.		62	57.9	50.2	40.9
Residents requiring restraints.		52	48.6	30.9	30.9
Confused or disoriented residents.		38	35.5	59.1	55.4
Residents with bed sores.		5	4.7	5.7	4.8
Residents receiving special skin care.		17	15.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	19	2.6	352	6.7
MET	MET	48	6.5	683	12.9
MET	MET	20	2.7	345	6.5
MET	MET	184	24.9	1194	22.6
MET	MET	44	6.0	998	18.9
MET	MET	2	0.3	278	5.3
MET	MET	33	4.5	299	5.7
MET	MET	31	4.2	594	11.2
MET	MET	37	5.0	322	6.1
MET	MET	44	6.0	837	15.8
MET	MET	63	8.5	1089	20.6
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	56	7.6	269	5.1
MET	MET	189	25.6	2043	38.6

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F199

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SEMINOLE NURSING CENTER

Street Address: 306 NORTHWEST 3RD STREET		City and State: SEMINOLE, TX 79360	
Participation: MEDICAID ICF	# of Beds: 33	Type of Ownership: PROPRIETARY	Survey Date: 09/06/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
26	0	21			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		20	76.9	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		19	73.1	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		19	73.1	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		17	65.4	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		16	61.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		10	38.5	33.4	30.4
Completely bedfast residents.		3	11.5	6.6	2.8
Residents confined to chairs.		13	50.0	50.2	40.9
Residents requiring restraints.		11	42.3	30.9	30.9
Confused or disoriented residents.		13	50.0	59.1	55.4
Residents with bed sores.		2	7.7	5.7	4.8
Residents receiving special skin care.		8	30.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F130

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WESTVIEW CARE CENTER

Street Address: 1110 WESTVIEW DR		City and State: SEYMOUR, TX 76380	
Participation: MEDICAID ICF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 04/12/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
61		0		46			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				43	70.5	81.3	78.5
Dressing							
Residents requiring some or total assistance in dressing.				48	78.7	78.0	76.5
Toileting							
Residents requiring some or total assistance in toileting.				39	63.9	66.3	63.4
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				46	75.4	68.5	67.1
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				39	63.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.				9	14.8	2.5	5.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				27	44.3	33.4	30.4
Completely bedfast residents.				12	19.7	6.6	2.8
Residents confined to chairs.				29	47.5	50.2	40.9
Residents requiring restraints.				25	41.0	30.9	30.9
Confused or disoriented residents.				36	59.0	59.1	55.4
Residents with bed sores.				5	8.2	5.7	4.8
Residents receiving special skin care.				9	14.8	21.2	23.5

SEYMOUR, TX

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126	F128*	F135	F169	F170	F191*	F199	F236
F242*	F264	F313*	F325	F345*			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE CARE INN OF SHAMROCK

Street Address: HIGHWAY 83 S		City and State: SHAMROCK, TX 79079	
Participation: MEDICAID ICF	# of Beds: 64	Type of Ownership: PROPRIETARY	Survey Date: 02/27/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	Medicare Residents: 0	Medicaid Residents: 38
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	83.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	33	70.2	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	23	48.9	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	48.9	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	66.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	27.7	33.4	30.4
Completely bedfast residents.	18	38.3	6.6	2.8
Residents confined to chairs.	15	31.9	50.2	40.9
Residents requiring restraints.	18	38.3	30.9	30.9
Confused or disoriented residents.	19	40.4	59.1	55.4
Residents with bed sores.	3	6.4	5.7	4.8
Residents receiving special skin care.	3	6.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F191* F236 F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
CHAPEL OF CARE NURSING CENTER**

Street Address: 1518 SO SAM RAYBURN FREEWAY		City and State: SHERMAN, TX 75090	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 200	Type of Ownership: PROPRIETARY	Survey Date: 02/10/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 150	Medicare Residents: 12	Medicaid Residents: 95		
		FACILITY		STATE
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		98	65.3	85.5
Dressing				
Residents requiring some or total assistance in dressing.		97	64.7	85.0
Toileting				
Residents requiring some or total assistance in toileting.		87	58.0	75.5
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		89	59.3	75.3
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		82	54.7	71.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3
Eating				
Residents receiving tube feedings or requiring assistance with eating.		65	43.3	44.1
Completely bedfast residents.		31	20.7	10.9
Residents confined to chairs.		68	45.3	54.2
Residents requiring restraints.		28	18.7	35.7
Confused or disoriented residents.		100	66.7	59.5
Residents with bed sores.		12	8.0	9.2
Residents receiving special skin care.		35	23.3	24.7

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 86/88	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F126 F169 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **HERITAGE MANOR NURSING HOME**

Street Address: 315 W MCLAIN		City and State: SHERMAN, TX 75090	
Participation: MEDICAID ICF	# of Beds: 64	Type of Ownership: PROPRIETARY	Survey Date: 09/14/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:	
48	0		44	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	95.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	35	72.9	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	23	47.9	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	35.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	33.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	16.7	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	18	37.5	50.2	40.9
Residents requiring restraints.	0	0.0	30.9	30.9
Confused or disoriented residents.	17	35.4	59.1	55.4
Residents with bed sores.	2	4.2	5.7	4.8
Residents receiving special skin care.	12	25.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F169 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
SHADY OAKS NURSING CENTER**

Street Address: 1000 HWY 82 E		City and State: SHERMAN, TX 75090	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 195	Type of Ownership: PROPRIETARY	Survey Date: 11/30/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
180	8	119			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	158	87.8	85.5	82.0	
Dressing					
Residents requiring some or total assistance in dressing.	152	84.4	85.0	84.0	
Toileting					
Residents requiring some or total assistance in toileting.	141	78.3	75.5	75.0	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	75.6	75.3	76.9	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	136	75.6	71.4	69.4	
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	74	41.1	44.1	39.1	
Completely bedfast residents.	13	7.2	10.9	3.2	
Residents confined to chairs.	102	56.7	54.2	52.3	
Residents requiring restraints.	86	47.8	35.7	40.4	
Confused or disoriented residents.	127	70.6	59.5	58.6	
Residents with bed sores.	8	4.4	9.2	7.6	
Residents receiving special skin care.	47	26.1	24.7	31.4	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F134 F180 F182 F191*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SHERMAN NURSING CTR

Street Address: 817 W CENTER ST		City and State: SHERMAN, TX 75090	
Participation: MEDICAID ICF	# of Beds: 122	Type of Ownership: PROPRIETARY	Survey Date: 03/16/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? YES	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
86	0	54			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		74	86.0	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		52	60.5	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		50	58.1	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		78	90.7	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		53	61.6	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		29	33.7	33.4	30.4
Completely bedfast residents.		1	1.2	6.6	2.8
Residents confined to chairs.		38	44.2	50.2	40.9
Residents requiring restraints.		36	41.9	30.9	30.9
Confused or disoriented residents.		63	73.3	59.1	55.4
Residents with bed sores.		5	5.8	5.7	4.8
Residents receiving special skin care.		16	18.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F126 F128* F169 F312

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WEST PLACE NH

Street Address: 505 FM HWY 1417 NORTH		City and State: SHERMAN, TX 75090	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 02/10/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	Medicare Residents: 6	Medicaid Residents: 52			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		92	91.1	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		76	75.2	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		61	60.4	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		62	61.4	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		50	49.5	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		34	33.7	44.1	39.1
Completely bedfast residents.		37	36.6	10.9	3.2
Residents confined to chairs.		30	29.7	54.2	52.3
Residents requiring restraints.		39	38.6	35.7	40.4
Confused or disoriented residents.		60	59.4	59.5	58.6
Residents with bed sores.		10	9.9	9.2	7.6
Residents receiving special skin care.		26	25.7	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	NOT MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F128* F259 F288 F343

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **WILSON N JONES MEM HOSP**

Street Address: 500 N HIGHLAND		City and State: SHERMAN, TX 75090	
Participation: MEDICARE SNF	# of Beds: 12	Type of Ownership: PROPRIETARY	Survey Date: 10/31/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
7	7	0			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	7	100	85.5	82.0	
Dressing					
Residents requiring some or total assistance in dressing.	7	100	85.0	84.0	
Toileting					
Residents requiring some or total assistance in toileting.	7	100	75.5	75.0	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	100	75.3	76.9	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	3	42.9	71.4	69.4	
Residents on individually written bowel and bladder retraining program.	1	14.3	2.3	4.0	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	2	28.6	44.1	39.1	
Completely bedfast residents.	2	28.6	10.9	3.2	
Residents confined to chairs.	0	0.0	54.2	52.3	
Residents requiring restraints.	0	0.0	35.7	40.4	
Confused or disoriented residents.	7	100	59.5	58.6	
Residents with bed sores.	1	14.3	9.2	7.6	
Residents receiving special skin care.	0	0.0	24.7	31.4	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	NOT MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F051*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **TRINITY LUTHERAN HOME SHINER**

Street Address: 1213 N AVE B		City and State: SHINER, TX 77984	
Participation: MEDICAID ICF	# of Beds: 91	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 06/23/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	Medicare Residents: 0	Medicaid Residents: 44			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		72	84.7	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		60	70.6	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		64	75.3	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		61	71.8	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		67	78.8	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		26	30.6	33.4	30.4
Completely bedfast residents.		9	10.6	6.6	2.8
Residents confined to chairs.		69	81.2	50.2	40.9
Residents requiring restraints.		28	32.9	30.9	30.9
Confused or disoriented residents.		42	49.4	59.1	55.4
Residents with bed sores.		5	5.9	5.7	4.8
Residents receiving special skin care.		59	69.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE BURMONT NURSING CENTER

Street Address: 1680 HWY 327 WEST		City and State: SILSBEE, TX 77656	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 03/15/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	Medicare Residents: 22	Medicaid Residents: 58		
		FACILITY		STATE
		#	%	%
				NATION
				%
Bathing				
Residents requiring some or total assistance in bathing.		98	100	85.5
Dressing				
Residents requiring some or total assistance in dressing.		98	100	85.0
Toileting				
Residents requiring some or total assistance in toileting.		88	89.8	75.5
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		92	93.9	75.3
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		88	89.8	71.4
Residents on individually written bowel and bladder retraining program.		1	1.0	2.3
Eating				
Residents receiving tube feedings or requiring assistance with eating.		47	48.0	44.1
Completely bedfast residents.		1	1.0	10.9
Residents confined to chairs.		53	54.1	54.2
Residents requiring restraints.		18	18.4	35.7
Confused or disoriented residents.		73	74.5	59.5
Residents with bed sores.		8	8.2	9.2
Residents receiving special skin care.		21	21.4	24.7

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	27	7.5	1528	14.9
MET	MET	28	7.8	2029	19.7
MET	MET	16	4.4	1395	13.6
MET	MET	107	29.6	2492	24.2
MET	MET	14	3.9	1356	13.2
MET	MET	4	1.1	568	5.5
MET	MET	12	3.3	917	8.9
MET	MET	29	8.0	1551	15.1
MET	MET	29	8.0	1319	12.8
MET	MET	19	5.3	1156	11.2
NOT MET	MET	19	5.3	981	9.5
MET	MET	45	12.5	1411	13.7
MET	MET	22	6.1	1452	14.1
MET	MET	12	3.3	2140	20.8
MET	MET	23	6.4	760	7.4
MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F169

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **SILSBEE CONV CENTER**

Street Address: 1105 W HWY 418		City and State: SILSBEE, TX 77656	
Participation: MEDICAID ICF	# of Beds: 68	Type of Ownership: PROPRIETARY	Survey Date: 04/11/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
67	0	46			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		59	88.1	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		67	100	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		43	64.2	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		43	64.2	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		42	62.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.		6	9.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		34	50.7	33.4	30.4
Completely bedfast residents.		9	13.4	6.6	2.8
Residents confined to chairs.		41	61.2	50.2	40.9
Residents requiring restraints.		13	19.4	30.9	30.9
Confused or disoriented residents.		1	1.5	59.1	55.4
Residents with bed sores.		0	0.0	5.7	4.8
Residents receiving special skin care.		0	0.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE SINTON MANOR

Street Address: 936 W 4TH ST		City and State: SINTON, TX 78387	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 05/24/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
34	0	23			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	34	100	81.3	78.5	
Dressing					
Residents requiring some or total assistance in dressing.	32	94.1	78.0	76.5	
Toileting					
Residents requiring some or total assistance in toileting.	32	94.1	66.3	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	94.1	68.5	67.1	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	32	94.1	62.2	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	18	52.9	33.4	30.4	
Completely bedfast residents.	0	0.0	6.6	2.8	
Residents confined to chairs.	21	61.8	50.2	40.9	
Residents requiring restraints.	26	76.5	30.9	30.9	
Confused or disoriented residents.	34	100	59.1	55.4	
Residents with bed sores.	2	5.9	5.7	4.8	
Residents receiving special skin care.	1	2.9	21.2	23.5	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	19	2.6	352	6.7
MET	MET	48	6.5	683	12.9
MET	MET	20	2.7	345	6.5
MET	MET	184	24.9	1194	22.6
MET	MET	44	6.0	998	18.9
MET	MET	2	0.3	278	5.3
MET	MET	33	4.5	299	5.7
MET	MET	31	4.2	594	11.2
MET	MET	37	5.0	322	6.1
MET	MET	44	6.0	837	15.8
MET	MET	63	8.5	1089	20.6
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	56	7.6	269	5.1
MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE **SLATON CARE CENTER**

Street Address: 630 S 19TH ST		City and State: SLATON, TX 79364	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 09/28/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	Medicare Residents: 0	Medicaid Residents: 56			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		43	57.3	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		43	57.3	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		41	54.7	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		39	52.0	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		31	41.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		18	24.0	33.4	30.4
Completely bedfast residents.		7	9.3	6.6	2.8
Residents confined to chairs.		37	49.3	50.2	40.9
Residents requiring restraints.		14	18.7	30.9	30.9
Confused or disoriented residents.		31	41.3	59.1	55.4
Residents with bed sores.		4	5.3	5.7	4.8
Residents receiving special skin care.		34	45.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.						
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F181* F224 F297 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE TOWERS NURSING HOME

Street Address: 907 GARWOOD ST		City and State: SMITHVILLE, TX 78957	
Participation: MEDICAID ICF	# of Beds: 90	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 07/26/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
78	0	51			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		59	75.6	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		55	70.5	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		57	73.1	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		59	75.6	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		57	73.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.		4	5.1	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		30	38.5	33.4	30.4
Completely bedfast residents.		2	2.6	6.6	2.8
Residents confined to chairs.		31	39.7	50.2	40.9
Residents requiring restraints.		47	60.3	30.9	30.9
Confused or disoriented residents.		48	61.5	59.1	55.4
Residents with bed sores.		3	3.8	5.7	4.8
Residents receiving special skin care.		78	100	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **SNYDER NURSING CENTER**

Street Address: 5311 BIG SPRING HIGHWAY		City and State: SNYDER, TX 79549	
Participation: MEDICAID ICF	# of Beds: 80	Type of Ownership: PROPRIETARY	Survey Date: 04/12/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	Medicare Residents: 0	Medicaid Residents: 42			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		45	83.3	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		51	94.4	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		48	88.9	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		34	63.0	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		32	59.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		17	31.5	33.4	30.4
Completely bedfast residents.		1	1.9	6.6	2.8
Residents confined to chairs.		32	59.3	50.2	40.9
Residents requiring restraints.		19	35.2	30.9	30.9
Confused or disoriented residents.		18	33.3	59.1	55.4
Residents with bed sores.		0	0.0	5.7	4.8
Residents receiving special skin care.		2	3.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	10.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F180	F182	F224	F332*	F345*	F349	F359
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NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SNYDER OAKS CARE CENTER

Street Address: 210 E 37TH ST		City and State: SNYDER, TX 79549	
Participation: MEDICAID ICF	# of Beds: 97	Type of Ownership: PROPRIETARY	Survey Date: 10/19/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	Medicare Residents: 0	Medicaid Residents: 58			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		75	94.9	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		67	84.8	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		51	64.6	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		47	59.5	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		66	83.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		53	67.1	33.4	30.4
Completely bedfast residents.		3	3.8	6.6	2.8
Residents confined to chairs.		48	60.8	50.2	40.9
Residents requiring restraints.		34	43.0	30.9	30.9
Confused or disoriented residents.		45	57.0	59.1	55.4
Residents with bed sores.		6	7.6	5.7	4.8
Residents receiving special skin care.		24	30.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132*	F134	F170	F173*	F182	F196*	F224	F294
F332*							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **LILLIAN M HUDSPETH NH**

Street Address: 310 HUDSPETH DRIVE		City and State: SONORA, TX 76950	
Participation: MEDICAID ICF	# of Beds: 39	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 04/18/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

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SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	Medicare Residents: 0	Medicaid Residents: 16		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	73.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	31	83.8	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	30	81.1	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	81.1	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	78.4	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	59.5	33.4	30.4
Completely bedfast residents.	5	13.5	6.6	2.8
Residents confined to chairs.	24	64.9	50.2	40.9
Residents requiring restraints.	15	40.5	30.9	30.9
Confused or disoriented residents.	17	45.9	59.1	55.4
Residents with bed sores.	1	2.7	5.7	4.8
Residents receiving special skin care.	2	5.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F259

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE HANSFORD MANOR

Street Address: 707 S ROLAND		City and State: SPEARMAN, TX 79081	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 84	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 05/18/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
35	0	26			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		31	88.6	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		24	68.6	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		21	60.0	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		31	88.6	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		18	51.4	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		12	34.3	44.1	39.1
Completely bedfast residents.		0	0.0	10.9	3.2
Residents confined to chairs.		10	28.6	54.2	52.3
Residents requiring restraints.		5	14.3	35.7	40.4
Confused or disoriented residents.		11	31.4	59.5	58.6
Residents with bed sores.		5	14.3	9.2	7.6
Residents receiving special skin care.		10	28.6	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET NOT MET 87/88	FACILITY MET NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE SPUR CARE CENTER

Street Address: EAST HIGHWAY 70		City and State: SPUR, TX 79370	
Participation: MEDICAID ICF	# of Beds: 40	Type of Ownership: PROPRIETARY	Survey Date: 04/05/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	Medicare Residents: 0	Medicaid Residents: 24			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		29	90.6	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		24	75.0	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		21	65.6	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		19	59.4	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		21	65.6	62.2	59.1
		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		12	37.5	33.4	30.4
Completely bedfast residents.		4	12.5	6.6	2.8
Residents confined to chairs.		10	31.3	50.2	40.9
Residents requiring restraints.		2	6.3	30.9	30.9
Confused or disoriented residents.		18	56.3	59.1	55.4
Residents with bed sores.		0	0.0	5.7	4.8
Residents receiving special skin care.		7	21.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F055 F134 F236 F298 F314 F332* F353

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE STAMFORD HOSPITAL SNF

Street Address: HWY 6 BOX 911		City and State: STAMFORD, TX 79553	
Participation: MEDICARE SNF	# of Beds: 12	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 03/29/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
4		2		0			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				4	100	85.5	82.0
Dressing							
Residents requiring some or total assistance in dressing.				4	100	85.0	84.0
Toileting							
Residents requiring some or total assistance in toileting.				4	100	75.5	75.0
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				4	100	75.3	76.9
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				2	50.0	71.4	69.4
Residents on individually written bowel and bladder retraining program.				0	0.0	2.3	4.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				1	25.0	44.1	39.1
Completely bedfast residents.				2	50.0	10.9	3.2
Residents confined to chairs.				2	50.0	54.2	52.3
Residents requiring restraints.				0	0.0	35.7	40.4
Confused or disoriented residents.				0	0.0	59.5	58.6
Residents with bed sores.				2	50.0	9.2	7.6
Residents receiving special skin care.				2	50.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	7100	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3429	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE **TEAKWOOD MANOR**

Street Address: 1003 COLUMBIA		City and State: STAMFORD, TX 79553	
Participation: MEDICAID ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 12/21/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 125	Medicare Residents: 0	Medicaid Residents: 92		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	125	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	95	76.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	66	52.8	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	68.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	45.6	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	24.8	33.4	30.4
Completely bedfast residents.	15	12.0	6.6	2.8
Residents confined to chairs.	38	30.4	50.2	40.9
Residents requiring restraints.	36	28.8	30.9	30.9
Confused or disoriented residents.	72	57.6	59.1	55.4
Residents with bed sores.	7	5.6	5.7	4.8
Residents receiving special skin care.	20	16.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F085*	F102	F281	F289	F292	F294	F297
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NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE STANTON CARE CENTER

Street Address: 1100 W BROADWAY		City and State: STANTON, TX 79782	
Participation: MEDICAID ICF	# of Beds: 65	Type of Ownership: PROPRIETARY	Survey Date: 06/02/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
51		0		38	
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		49	96.1	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		44	86.3	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		38	74.5	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		40	78.4	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		38	74.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		20	39.2	33.4	30.4
Completely bedfast residents.		3	5.9	6.6	2.8
Residents confined to chairs.		38	74.5	50.2	40.9
Residents requiring restraints.		13	25.5	30.9	30.9
Confused or disoriented residents.		29	56.9	59.1	55.4
Residents with bed sores.		6	11.8	5.7	4.8
Residents receiving special skin care.		13	25.5	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 89/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE **CANTERBURY VILLA OF STEPHENVILLE**

Street Address: 2309 WEST WASHINGTON STREET		City and State: STEPHENVILLE, TX 76401	
Participation: MEDICAID ICF	# of Beds: 86	Type of Ownership: PROPRIETARY	Survey Date: 04/05/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	Medicare Residents: 0	Medicaid Residents: 44		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	81.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	33	75.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	22	50.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	52.3	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	40.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.	3	6.8	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	15.9	33.4	30.4
Completely bedfast residents.	6	13.6	6.6	2.8
Residents confined to chairs.	19	43.2	50.2	40.9
Residents requiring restraints.	13	29.5	30.9	30.9
Confused or disoriented residents.	18	40.9	59.1	55.4
Residents with bed sores.	1	2.3	5.7	4.8
Residents receiving special skin care.	4	9.1	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	19	2.6	352	6.7
MET	MET	48	6.5	683	12.9
MET	MET	20	2.7	345	6.5
MET	MET	184	24.9	1194	22.6
MET	MET	44	6.0	998	18.9
MET	MET	2	0.3	278	5.3
MET	MET	33	4.5	299	5.7
MET	MET	31	4.2	594	11.2
MET	MET	37	5.0	322	6.1
MET	MET	44	6.0	837	15.8
MET	MET	63	8.5	1089	20.6
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	56	7.6	269	5.1
NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE COMMUNITY NH

Street Address: 2025 NORTHWEST LOOP		City and State: STEPHENVILLE, TX 76401	
Participation: MEDICAID ICF	# of Beds: 103	Type of Ownership: PROPRIETARY	Survey Date: 11/03/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? YES	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
72	0	51			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		46	63.9	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		40	55.6	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		34	47.2	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		42	58.3	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		37	51.4	62.2	59.1
Residents on individually written bowel and bladder retraining program.		7	9.7	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		24	33.3	33.4	30.4
Completely bedfast residents.		0	0.0	6.6	2.8
Residents confined to chairs.		37	51.4	50.2	40.9
Residents requiring restraints.		10	13.9	30.9	30.9
Confused or disoriented residents.		40	55.6	59.1	55.4
Residents with bed sores.		4	5.6	5.7	4.8
Residents receiving special skin care.		4	5.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F196* F236 F294 F328 F330 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE MULBERRY MANOR

Street Address: 1670 LINGLEVILLE RD		City and State: STEPHENVILLE, TX 76401	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 118	Type of Ownership: PROPRIETARY	Survey Date: 09/28/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	Medicare Residents: 9	Medicaid Residents: 67			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		69	63.3	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		89	81.7	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		74	67.9	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		74	67.9	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		74	67.9	71.4	69.4
Residents on individually written bowel and bladder retraining program.		1	0.9	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		27	24.8	44.1	39.1
Completely bedfast residents.		36	33.0	10.9	3.2
Residents confined to chairs.		40	36.7	54.2	52.3
Residents requiring restraints.		20	18.3	35.7	40.4
Confused or disoriented residents.		45	41.3	59.5	58.6
Residents with bed sores.		5	4.6	9.2	7.6
Residents receiving special skin care.		5	4.6	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F126 F137 F139 F140 F231 F321 F349

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **STEPHENVILLE NURSING HOME INC**

Street Address: 2311 W WASHINGTON		City and State: STEPHENVILLE, TX 76401	
Participation: MEDICAID ICF	# of Beds: 46	Type of Ownership: PROPRIETARY	Survey Date: 04/05/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	Medicare Residents: 0	Medicaid Residents: 27			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		39	97.5	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		40	100	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		35	87.5	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		20	50.0	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		21	52.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		5	12.5	33.4	30.4
Completely bedfast residents.		2	5.0	6.6	2.8
Residents confined to chairs.		25	62.5	50.2	40.9
Residents requiring restraints.		5	12.5	30.9	30.9
Confused or disoriented residents.		25	62.5	59.1	55.4
Residents with bed sores.		0	0.0	5.7	4.8
Residents receiving special skin care.		40	100	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE STERLING COUNTY NURSING HOME

Street Address: 509 5TH AVE		City and State: STERLING CITY, TX 76951	
Participation: MEDICAID ICF	# of Beds: 29	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 02/14/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
19	0	6		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	89.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	16	84.2	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	12	63.2	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	68.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	63.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	52.6	33.4	30.4
Completely bedfast residents.	1	5.3	6.6	2.8
Residents confined to chairs.	8	42.1	50.2	40.9
Residents requiring restraints.	5	26.3	30.9	30.9
Confused or disoriented residents.	13	68.4	59.1	55.4
Residents with bed sores.	1	5.3	5.7	4.8
Residents receiving special skin care.	15	78.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	11.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE STOCKDALE NURSING HOME

Street Address: P O BOX 36		City and State: STOCKDALE, TX 78160	
Participation: MEDICAID ICF	# of Beds: 68	Type of Ownership: NON-PROFIT OTHER	Survey Date: 07/13/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
67	0	42			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		65	97.0	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		54	80.6	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		55	82.1	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		51	76.1	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		50	74.6	62.2	59.1
Residents on individually written bowel and bladder retraining program.		2	3.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		27	40.3	33.4	30.4
Completely bedfast residents.		1	1.5	6.6	2.8
Residents confined to chairs.		51	76.1	50.2	40.9
Residents requiring restraints.		12	17.9	30.9	30.9
Confused or disoriented residents.		33	49.3	59.1	55.4
Residents with bed sores.		3	4.5	5.7	4.8
Residents receiving special skin care.		12	17.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F199

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE COLDWATER MANOR NURSING HOME

Street Address: 1111 BEAVER ROAD		City and State: STRATFORD, TX 79084	
Participation: MEDICAID ICF	# of Beds: 38	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 04/25/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
35	0	18			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		34	97.1	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		26	74.3	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		23	65.7	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		23	65.7	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		23	65.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		8	22.9	33.4	30.4
Completely bedfast residents.		0	0.0	6.6	2.8
Residents confined to chairs.		8	22.9	50.2	40.9
Residents requiring restraints.		12	34.3	30.9	30.9
Confused or disoriented residents.		19	54.3	59.1	55.4
Residents with bed sores.		0	0.0	5.7	4.8
Residents receiving special skin care.		3	8.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F055 F056 F126 F191* F194

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
AUTUMN HILLS CONV CTR - SUGAR LAND**

Street Address: 333 MATLAGE WAY		City and State: SUGARLAND, TX 77478	
Participation: MEDICAID ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 04/27/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
129		0		70			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				102	79.1	81.3	78.5
Dressing							
Residents requiring some or total assistance in dressing.				129	100	78.0	76.5
Toileting							
Residents requiring some or total assistance in toileting.				102	79.1	66.3	63.4
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				102	79.1	68.5	67.1
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				86	66.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.				0	0.0	2.5	5.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				54	41.9	33.4	30.4
Completely bedfast residents.				1	0.8	6.6	2.8
Residents confined to chairs.				84	65.1	50.2	40.9
Residents requiring restraints.				40	31.0	30.9	30.9
Confused or disoriented residents.				75	58.1	59.1	55.4
Residents with bed sores.				4	3.1	5.7	4.8
Residents receiving special skin care.				42	32.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE HOPKINS CO NH

Street Address: 1333 JEFFERSON STREET		City and State: SULPHUR SPRINGS, TX 75482	
Participation: MEDICAID ICF	# of Beds: 119	Type of Ownership: PROPRIETARY	Survey Date: 02/10/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? YES	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
86	0	58			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		65	75.6	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		46	53.5	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		53	61.6	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		50	58.1	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		47	54.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		25	29.1	33.4	30.4
Completely bedfast residents.		17	19.8	6.6	2.8
Residents confined to chairs.		27	31.4	50.2	40.9
Residents requiring restraints.		22	25.6	30.9	30.9
Confused or disoriented residents.		40	46.5	59.1	55.4
Residents with bed sores.		3	3.5	5.7	4.8
Residents receiving special skin care.		14	16.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 38/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	19	2.6	352	6.7
MET	MET	48	6.5	683	12.9
MET	MET	20	2.7	345	6.5
MET	NOT MET	184	24.9	1194	22.6
MET	MET	44	6.0	998	18.9
MET	MET	2	0.3	278	5.3
MET	MET	33	4.5	299	5.7
MET	MET	31	4.2	594	11.2
MET	MET	37	5.0	322	6.1
NOT MET	MET	44	6.0	837	15.8
NOT MET	MET	63	8.5	1089	20.6
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	56	7.6	269	5.1
MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F191* F287 F294 F314 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **LEISURE LODGE SULPHUR SPRINGS**

Street Address: 411 AIRPORT RD BOX 639		City and State: SULPHUR SPRINGS, TX 75482	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 130	Type of Ownership: PROPRIETARY	Survey Date: 01/25/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
100	12	67			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		85	85.0	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		81	81.0	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		60	60.0	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		61	61.0	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		43	43.0	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		32	32.0	44.1	39.1
Completely bedfast residents.		2	2.0	10.9	3.2
Residents confined to chairs.		69	69.0	54.2	52.3
Residents requiring restraints.		25	25.0	35.7	40.4
Confused or disoriented residents.		43	43.0	59.5	58.6
Residents with bed sores.		7	7.0	9.2	7.6
Residents receiving special skin care.		2	2.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F128*	F169	F170	F211	F262	F277	F293*	F313*
F332*	F346						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
REGENCY TERRACE NURSING CENTER**

Street Address: 210 PIPELINE ROAD		City and State: SULPHUR SPRINGS, TX 75482	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 08/24/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
3	1	0			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		1	33.3	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		1	33.3	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		1	33.3	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		1	33.3	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		1	33.3	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		1	33.3	44.1	39.1
Completely bedfast residents.		0	0.0	10.9	3.2
Residents confined to chairs.		1	33.3	54.2	52.3
Residents requiring restraints.		1	33.3	35.7	40.4
Confused or disoriented residents.		0	0.0	59.5	58.6
Residents with bed sores.		1	33.3	9.2	7.6
Residents receiving special skin care.		1	33.3	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE **SULPHUR SPRINGS NURSING HOME**

Street Address: 301 OAK AVENUE		City and State: SULPHUR SPRINGS, TX 75482	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 03/22/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	Medicare Residents: 0	Medicaid Residents: 37
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide high quality specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	91.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	45	78.9	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	32	56.1	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	56.1	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	56.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	28.1	33.4	30.4
Completely bedfast residents.	2	3.5	6.6	2.8
Residents confined to chairs.	23	40.4	50.2	40.9
Residents requiring restraints.	25	43.9	30.9	30.9
Confused or disoriented residents.	36	63.2	59.1	55.4
Residents with bed sores.	2	3.5	5.7	4.8
Residents receiving special skin care.	19	33.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105 F264 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WOODHAVEN NH

Street Address: 1200 N JACKSON		City and State: SULPHUR SPRINGS, TX 75482	
Participation: MEDICAID ICF	# of Beds: 95	Type of Ownership: PROPRIETARY	Survey Date: 03/22/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	Medicare Residents: 0	Medicaid Residents: 54			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		27	34.2	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		35	44.3	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		62	78.5	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		70	88.6	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		49	62.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		30	38.0	33.4	30.4
Completely bedfast residents.		5	6.3	6.6	2.8
Residents confined to chairs.		38	48.1	50.2	40.9
Residents requiring restraints.		30	38.0	30.9	30.9
Confused or disoriented residents.		29	36.7	59.1	55.4
Residents with bed sores.		4	5.1	5.7	4.8
Residents receiving special skin care.		25	31.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	3	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F262 F278 F314 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SWEENEY HOUSE

Street Address: 109 NORTH MCKINNEY		City and State: SWEENEY, TX 77480	
Participation: MEDICAID ICF	# of Beds: 82	Type of Ownership: PROPRIETARY	Survey Date: 06/28/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	Medicare Residents: 0	Medicaid Residents: 57			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		55	78.6	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		61	87.1	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		39	55.7	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		39	55.7	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		29	41.4	62.2	59.1
Residents on individually written bowel and bladder retraining program.		9	12.9	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		16	22.9	33.4	30.4
Completely bedfast residents.		2	2.9	6.6	2.8
Residents confined to chairs.		27	38.6	50.2	40.9
Residents requiring restraints.		24	34.3	30.9	30.9
Confused or disoriented residents.		27	38.6	59.1	55.4
Residents with bed sores.		4	5.7	5.7	4.8
Residents receiving special skin care.		15	21.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	NOT MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057	F070	F080*	F127*	F170	F191*	F237*	F242*
F259	F349						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE HOLIDAY RETIREMENT CENTER

Street Address: 1901 LAMAR		City and State: SWEETWATER, TX 79556	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 78	Type of Ownership: PROPRIETARY	Survey Date: 10/12/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	Medicare Residents: 2	Medicaid Residents: 48			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		60	82.2	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		61	83.6	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		57	78.1	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		54	74.0	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		50	68.5	71.4	69.4
Residents on individually written bowel and bladder retraining program.		5	6.8	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		32	43.8	44.1	39.1
Completely bedfast residents.		30	41.1	10.9	3.2
Residents confined to chairs.		30	41.1	54.2	52.3
Residents requiring restraints.		32	43.8	35.7	40.4
Confused or disoriented residents.		44	60.3	59.5	58.6
Residents with bed sores.		3	4.1	9.2	7.6
Residents receiving special skin care.		45	61.6	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	NOT MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	NOT MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	NOT MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	NOT MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	NOT MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F098	F101	F102	F123*	F124	F126	F127*
F130	F131*	F132*	F134	F171	F173*	F175	F179
F180	F182	F196*	F204	F206	F207	F215	F217
F218*	F242*	F264	F298	F313*	F321	F322*	F326
F328	F331	F332*	F345*	F349	F354		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SWEETWATER NURSING CENTER

Street Address: 1600 JOSEPHINE ST		City and State: SWEETWATER, TX 79556	
Participation: MEDICAID ICF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 08/17/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	Medicare Residents: 0	Medicaid Residents: 50			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		66	98.5	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		47	70.1	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		44	65.7	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		50	74.6	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		33	49.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.		1	1.5	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		9	13.4	33.4	30.4
Completely bedfast residents.		0	0.0	6.6	2.8
Residents confined to chairs.		50	74.6	50.2	40.9
Residents requiring restraints.		21	31.3	30.9	30.9
Confused or disoriented residents.		41	61.2	59.1	55.4
Residents with bed sores.		5	7.5	5.7	4.8
Residents receiving special skin care.		67	100	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101	F102	F134	F168*	F169	F170	F181*	F182
F191*	F199	F227	F259	F260	F261	F264	F287
F289	F294	F314	F318	F328	F359		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SHORELINE HEALTHCARE CENTER

Street Address: 1201 GREGORY ST		City and State: TAFT, TX 78390	
Participation: MEDICAID ICF	# of Beds: 152	Type of Ownership: PROPRIETARY	Survey Date: 03/23/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	Medicare Residents: 0	Medicaid Residents: 43			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		45	71.4	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		51	81.0	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		38	60.3	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		33	52.4	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		29	46.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.		6	9.5	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		28	44.4	33.4	30.4
Completely bedfast residents.		2	3.2	6.6	2.8
Residents confined to chairs.		31	49.2	50.2	40.9
Residents requiring restraints.		33	52.4	30.9	30.9
Confused or disoriented residents.		30	47.6	59.1	55.4
Residents with bed sores.		4	6.3	5.7	4.8
Residents receiving special skin care.		63	100	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as should permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.						
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F134 F196* F236 F237* F243 F313* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **TAHOKA CARE CENTER**

Street Address: 1829 S 7TH STREET		City and State: TAHOKA, TX 79373	
Participation: MEDICAID ICF	# of Beds: 46	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 11/28/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:			
38	0		27			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION		
	#	%	%	%		
Bathing						
Residents requiring some or total assistance in bathing.	36	94.7	81.3	78.5		
Dressing						
Residents requiring some or total assistance in dressing.	25	65.8	78.0	76.5		
Toileting						
Residents requiring some or total assistance in toileting.	12	31.6	66.3	63.4		
Transferring						
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	63.2	68.5	67.1		
Continence						
Residents with catheters or partial or total loss of bowel or bladder control.	22	57.9	62.2	59.1		
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0		
Eating						
Residents receiving tube feedings or requiring assistance with eating.	7	18.4	33.4	30.4		
Completely bedfast residents.						
	0	0.0	6.6	2.8		
Residents confined to chairs.						
	22	57.9	50.2	40.9		
Residents requiring restraints.						
	12	31.6	30.9	30.9		
Confused or disoriented residents.						
	17	44.7	59.1	55.4		
Residents with bed sores.						
	2	5.3	5.7	4.8		
Residents receiving special skin care.						
	2	5.3	21.2	23.5		

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	NOT MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F126 F181* F191* F261 F283

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE S P J S T REST HOME NO 1

Street Address: 500 E LAKE DR		City and State: TAYLOR, TX 76574	
Participation: MEDICAID ICF	# of Beds: 72	Type of Ownership: NON-PROFIT OTHER	Survey Date: 04/12/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	Medicare Residents: 0	Medicaid Residents: 26		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	91.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	55	78.6	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	55	78.6	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	71.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	52.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.	6	8.6	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	75.7	33.4	30.4
Completely bedfast residents.	3	4.3	6.6	2.8
Residents confined to chairs.	38	54.3	50.2	40.9
Residents requiring restraints.	22	31.4	30.9	30.9
Confused or disoriented residents.	65	92.9	59.1	55.4
Residents with bed sores.	3	4.3	5.7	4.8
Residents receiving special skin care.	0	0.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	10	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	276	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F127* F134 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SUNNYSIDE RETIREMENT CENTER 2

Street Address: 212 EAST LAKE DRIVE		City and State: TAYLOR, TX 76574	
Participation: MEDICAID ICF	# of Beds: 89	Type of Ownership: PROPRIETARY	Survey Date: 07/20/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:			
69	0		49			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION		
	#	%	%	%		
Bathing						
Residents requiring some or total assistance in bathing.	52	75.4	81.3	78.5		
Dressing						
Residents requiring some or total assistance in dressing.	42	60.9	78.0	76.5		
Toileting						
Residents requiring some or total assistance in toileting.	41	59.4	66.3	63.4		
Transferring						
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	82.6	68.5	67.1		
Continence						
Residents with catheters or partial or total loss of bowel or bladder control.	40	58.0	62.2	59.1		
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0		
Eating						
Residents receiving tube feedings or requiring assistance with eating.	28	40.6	33.4	30.4		
Completely bedfast residents.	0	0.0	6.6	2.8		
Residents confined to chairs.	23	33.3	50.2	40.9		
Residents requiring restraints.	16	23.2	30.9	30.9		
Confused or disoriented residents.	31	44.9	59.1	55.4		
Residents with bed sores.	3	4.3	5.7	4.8		
Residents receiving special skin care.	68	98.6	21.2	23.5		

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F119	F126	F127*	F130	F132*	F227	F282
F289	F294	F332*	F349				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SWEETBRIAR NH

Street Address: RT 4 BOX 831		City and State: TAYLOR, TX 76574	
Participation: MEDICAID ICF	# of Beds: 216	Type of Ownership: PROPRIETARY	Survey Date: 07/27/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
141	0	100			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		118	83.7	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		108	76.6	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		93	66.0	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		100	70.9	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		88	62.4	62.2	59.1
Residents on individually written bowel and bladder retraining program.		21	14.9	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		44	31.2	33.4	30.4
Completely bedfast residents.		3	2.1	6.6	2.8
Residents confined to chairs.		77	54.6	50.2	40.9
Residents requiring restraints.		34	24.1	30.9	30.9
Confused or disoriented residents.		108	76.6	59.1	55.4
Residents with bed sores.		2	1.4	5.7	4.8
Residents receiving special skin care.		11	7.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	6.5	663	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F102	F126	F173*	F191*	F288	F289	F294
F297	F316	F346					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **MCGEE NH**

Street Address: 615 S 8TH AVE		City and State: TEAGUE, TX 75860	
Participation: MEDICAID ICF	# of Beds: 82	Type of Ownership: PROPRIETARY	Survey Date: 10/13/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	Medicare Residents: 0	Medicaid Residents: 48		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	77.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	37	55.2	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	50	74.6	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	85.1	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	79.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	25.4	33.4	30.4
Completely bedfast residents.	10	14.9	6.6	2.8
Residents confined to chairs.	18	26.9	50.2	40.9
Residents requiring restraints.	12	17.9	30.9	30.9
Confused or disoriented residents.	47	70.1	59.1	55.4
Residents with bed sores.	1	1.5	5.7	4.8
Residents receiving special skin care.	2	3.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 89/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	19	2.6	352	6.7
MET	MET	48	6.5	683	12.9
MET	MET	20	2.7	345	6.5
MET	MET	184	24.9	1194	22.6
MET	MET	44	6.0	998	18.9
MET	MET	2	0.3	278	5.3
MET	MET	33	4.5	299	5.7
MET	NOT MET	31	4.2	594	11.2
MET	MET	37	5.0	322	6.1
MET	MET	44	6.0	837	15.8
MET	MET	63	8.5	1089	20.6
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	56	7.6	269	5.1
NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127*	F132*	F139	F186	F199	F242*	F283	F285
F306	F344	F349					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **TEAGUE NURS HOME**

Street Address: EAST HWY 84 BOX 89		City and State: TEAGUE, TX 75860	
Participation: MEDICAID ICF	# of Beds: 102	Type of Ownership: PROPRIETARY	Survey Date: 04/05/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
77	0	59			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		66	85.7	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		53	68.8	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		49	63.6	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		44	57.1	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		44	57.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.		2	2.6	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		30	39.0	33.4	30.4
Completely bedfast residents.		30	39.0	6.6	2.8
Residents confined to chairs.		17	22.1	50.2	40.9
Residents requiring restraints.		28	36.4	30.9	30.9
Confused or disoriented residents.		29	37.7	59.1	55.4
Residents with bed sores.		5	6.5	5.7	4.8
Residents receiving special skin care.		13	16.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F199 F263 F294 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **BUR MONT NURSING CTR**

Street Address: 612 INDUSTRIAL BLVD		City and State: TEMPLE, TX 76501	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 05/05/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 104	Medicare Residents: 0	Medicaid Residents: 77	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing

Residents requiring some or total assistance in bathing.

52 50.0 81.3 78.5

Dressing

Residents requiring some or total assistance in dressing.

72 69.2 78.0 76.5

Toileting

Residents requiring some or total assistance in toileting.

55 52.9 66.3 63.4

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

56 53.8 68.5 67.1

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

49 47.1 62.2 59.1

Residents on individually written bowel and bladder retraining program.

1 1.0 2.5 5.0

Eating

Residents receiving tube feedings or requiring assistance with eating.

22 21.2 33.4 30.4

Completely bedfast residents.

1 1.0 6.6 2.8

Residents confined to chairs.

37 35.6 50.2 40.9

Residents requiring restraints.

41 39.4 30.9 30.9

Confused or disoriented residents.

46 44.2 59.1 55.4

Residents with bed sores.

14 13.5 5.7 4.8

Residents receiving special skin care.

14 13.5 21.2 23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	19	2.6	352	6.7
MET	MET	48	6.5	683	12.9
MET	MET	20	2.7	345	6.5
NOT MET	MET	184	24.9	1194	22.6
MET	MET	44	6.0	998	18.9
MET	MET	2	0.3	278	5.3
MET	MET	33	4.5	299	5.7
MET	MET	31	4.2	594	11.2
MET	MET	37	5.0	322	6.1
MET	MET	44	6.0	837	15.8
MET	NOT MET	63	8.5	1089	20.6
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	56	7.6	269	5.1
MET	NOT MET	189	25.6	2043	38.6

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F126 F127* F128* F135 F313* F314 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **CAMLU CARE CENTERS TEMPLE**

Street Address: 1802 SOUTH 31ST STREET		City and State: TEMPLE, TX 76504	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 145	Type of Ownership: PROPRIETARY	Survey Date: 08/10/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 125	Medicare Residents: 2	Medicaid Residents: 92			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		120	96.0	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		101	80.8	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		94	75.2	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		81	64.8	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		94	75.2	71.4	69.4
Residents on individually written bowel and bladder retraining program.		2	1.6	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		46	36.8	44.1	39.1
Completely bedfast residents.		1	0.8	10.9	3.2
Residents confined to chairs.		79	63.2	54.2	52.3
Residents requiring restraints.		53	42.4	35.7	40.4
Confused or disoriented residents.		78	62.4	59.5	58.6
Residents with bed sores.		6	4.8	9.2	7.6
Residents receiving special skin care.		20	16.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	27	7.5	1528	14.9
MET	MET	28	7.8	2029	19.7
MET	MET	16	4.4	1395	13.6
MET	MET	107	29.6	2492	24.2
MET	MET	14	3.9	1356	13.2
MET	MET	4	1.1	568	5.5
MET	MET	12	3.3	917	8.9
MET	MET	29	8.0	1551	15.1
MET	MET	29	8.0	1319	12.8
MET	MET	19	5.3	1156	11.2
MET	MET	19	5.3	981	9.5
MET	MET	45	12.5	1411	13.7
MET	MET	22	6.1	1452	14.1
MET	MET	12	3.3	2140	20.8
MET	MET	23	6.4	760	7.4
MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F126 F132* F206 F264 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **FOUR SEASONS NURSING CTR OF TEMPLE**

Street Address: 1700 MARLAND WOOD RD		City and State: TEMPLE, TX 76502	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 106	Type of Ownership: PROPRIETARY	Survey Date: 10/05/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
22	5	13			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		21	95.5	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		21	95.5	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		18	81.8	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		19	86.4	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		17	77.3	71.4	69.4
Residents on individually written bowel and bladder retraining program.		1	4.5	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		18	81.8	44.1	39.1
Completely bedfast residents.		8	36.4	10.9	3.2
Residents confined to chairs.		10	45.5	54.2	52.3
Residents requiring restraints.		8	36.4	35.7	40.4
Confused or disoriented residents.		17	77.3	59.5	58.6
Residents with bed sores.		5	22.7	9.2	7.6
Residents receiving special skin care.		20	90.9	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	83	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

**NURSING HOME PROFILE
HEARTLAND HEALTH CARE CTR**

Street Address: 512 DRAPER DR		City and State: TEMPLE, TX 76501	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 08/18/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	Medicare Residents: 1	Medicaid Residents: 22		
		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		22	50.0	85.5
Dressing				
Residents requiring some or total assistance in dressing.		26	59.1	85.0
Toileting				
Residents requiring some or total assistance in toileting.		19	43.2	75.5
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		17	38.6	75.3
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		26	59.1	71.4
Residents on individually written bowel and bladder retraining program.		13	29.5	2.3
Eating				
Residents receiving tube feedings or requiring assistance with eating.		15	34.1	44.1
Completely bedfast residents.		0	0.0	10.9
Residents confined to chairs.		22	50.0	54.2
Residents requiring restraints.		5	11.4	35.7
Confused or disoriented residents.		24	54.5	59.5
Residents with bed sores.		2	4.5	9.2
Residents receiving special skin care.		9	20.5	24.7

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F140 F259 F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **KINGS DAUGHTERS HOSPITAL SNF**

Street Address: 1901 S W HK DODGEN LOOP		City and State: TEMPLE, TX 76502	
Participation: MEDICARE SNF	# of Beds: 8	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 09/20/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 3	Medicare Residents: 3	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	0	0.0	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	2	66.7	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	3	100	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	100	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	66.7	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	33.3	44.1	39.1
Completely bedfast residents.	0	0.0	10.9	3.2
Residents confined to chairs.	1	33.3	54.2	52.3
Residents requiring restraints.	1	33.3	35.7	40.4
Confused or disoriented residents.	0	0.0	59.5	58.6
Residents with bed sores.	0	0.0	9.2	7.6
Residents receiving special skin care.	3	100	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F142

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
REGENCY MANOR NURSING CENTER**

Street Address: 3011 WEST ADAMS AVENUE		City and State: TEMPLE, TX 76501	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 140	Type of Ownership: PROPRIETARY	Survey Date: 03/22/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	Medicare Residents: 17	Medicaid Residents: 59		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	67.5	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	63	78.7	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	61	76.2	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	62.5	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	50.0	71.4	69.4
Residents on individually written bowel and bladder retraining program.	1	1.2	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	28.7	44.1	39.1
Completely bedfast residents.	0	0.0	10.9	3.2
Residents confined to chairs.	22	27.5	54.2	52.3
Residents requiring restraints.	23	28.7	35.7	40.4
Confused or disoriented residents.	26	32.5	59.5	58.6
Residents with bed sores.	5	6.3	9.2	7.6
Residents receiving special skin care.	3	3.7	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F102 F127* F138 F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
SCOTT AND WHITE SANTA FE CENTER**

Street Address: 600 SOUTH 25TH ST		City and State: TEMPLE, TX 76501	
Participation: MEDICARE SNF	# of Beds: 34	Type of Ownership: PROPRIETARY	Survey Date: 08/02/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? NO	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
23	22	0			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		22	95.7	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		19	82.6	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		19	82.6	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		19	82.6	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		17	73.9	71.4	69.4
Residents on individually written bowel and bladder retraining program.		1	4.3	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		13	56.5	44.1	39.1
Completely bedfast residents.		2	8.7	10.9	3.2
Residents confined to chairs.		6	26.1	54.2	52.3
Residents requiring restraints.		2	8.7	35.7	40.4
Confused or disoriented residents.		14	60.9	59.5	58.6
Residents with bed sores.		3	13.0	9.2	7.6
Residents receiving special skin care.		19	82.6	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	NOT MET	NOT MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F105 F297 F321 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE TEMPLE CARE CENTER

Street Address: 1511 MARLANDWOOD RD		City and State: TEMPLE, TX 76502	
Participation: MEDICAID ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 01/12/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144	Medicare Residents: 0	Medicaid Residents: 116			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		96	66.7	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		89	61.8	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		74	51.4	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		90	62.5	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		79	54.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		38	26.4	33.4	30.4
Completely bedfast residents.		1	0.7	6.6	2.8
Residents confined to chairs.		51	35.4	50.2	40.9
Residents requiring restraints.		40	27.8	30.9	30.9
Confused or disoriented residents.		71	49.3	59.1	55.4
Residents with bed sores.		7	4.9	5.7	4.8
Residents receiving special skin care.		14	9.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F126 F129* F261 F264 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
TUTOR NURSING HOME INC**

Street Address: 119 SOUTH 33RD STREET		City and State: TEMPLE, TX 76501	
Participation: MEDICAID ICF	# of Beds: 45	Type of Ownership: PROPRIETARY	Survey Date: 05/02/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	Medicare Residents: 0	Medicaid Residents: 20
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	92.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	32	80.0	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	14	35.0	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	40.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	42.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	17.5	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	11	27.5	50.2	40.9
Residents requiring restraints.	3	7.5	30.9	30.9
Confused or disoriented residents.	20	50.0	59.1	55.4
Residents with bed sores.	4	10.0	5.7	4.8
Residents receiving special skin care.	3	7.5	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F126	F127*	F128*	F131*	F135	F199	F224
F227	F332*						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE TERRELL CARE CENTER

Street Address: 204 W NASH		City and State: TERRELL, TX 75160	
Participation: MEDICAID ICF	# of Beds: 94	Type of Ownership: PROPRIETARY	Survey Date: 02/24/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
93	0	51		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		84	90.3	81.3
Dressing				
Residents requiring some or total assistance in dressing.		74	79.6	78.0
Toileting				
Residents requiring some or total assistance in toileting.		46	49.5	66.3
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		51	54.8	68.5
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		42	45.2	62.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5
Eating				
Residents receiving tube feedings or requiring assistance with eating.		18	19.4	33.4
Completely bedfast residents.		2	2.2	6.6
Residents confined to chairs.		38	40.9	50.2
Residents requiring restraints.		21	22.6	30.9
Confused or disoriented residents.		60	64.5	59.1
Residents with bed sores.		6	6.5	5.7
Residents receiving special skin care.		20	21.5	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	19	2.6	352	6.7
MET	MET	48	6.5	683	12.9
MET	MET	20	2.7	345	6.5
MET	MET	184	24.9	1194	22.6
MET	MET	44	6.0	998	18.9
MET	MET	2	0.3	278	5.3
MET	MET	33	4.5	299	5.7
MET	MET	31	4.2	594	11.2
MET	MET	37	5.0	322	6.1
MET	MET	44	6.0	837	15.8
MET	MET	63	8.5	1089	20.6
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	56	7.6	269	5.1
MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE **TERRELL CONVALESCENT CENTER NO 2**

Street Address: 1900 N FRANCES		City and State: TERRELL, TX 75160	
Participation: MEDICAID ICF	# of Beds: 122	Type of Ownership: PROPRIETARY	Survey Date: 03/09/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
83	0	67			
	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	74	89.2	81.3	78.5	
Dressing					
Residents requiring some or total assistance in dressing.	69	83.1	78.0	76.5	
Toileting					
Residents requiring some or total assistance in toileting.	69	83.1	66.3	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	84.3	68.5	67.1	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	46	55.4	62.2	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	63	75.9	33.4	30.4	
Completely bedfast residents.	0	0.0	6.6	2.8	
Residents confined to chairs.	61	73.5	50.2	40.9	
Residents requiring restraints.	53	63.9	30.9	30.9	
Confused or disoriented residents.	64	77.1	59.1	55.4	
Residents with bed sores.	0	0.0	5.7	4.8	
Residents receiving special skin care.	63	75.9	21.2	23.5	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **TERRELL CONVALESCENT CTR 1**

Street Address: 1800 NORTH FRANCES		City and State: TERRELL, TX 75160	
Participation: MEDICAID ICF	# of Beds: 129	Type of Ownership: PROPRIETARY	Survey Date: 06/22/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	Medicare Residents: 0	Medicaid Residents: 70		
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Caution: A large number of residents with these characteristics does not indicate whether these residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	93.8	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	70	87.5	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	58	72.5	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	62.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	80.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	50.0	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	49	61.2	50.2	40.9
Residents requiring restraints.	32	40.0	30.9	30.9
Confused or disoriented residents.	74	92.5	59.1	55.4
Residents with bed sores.	7	8.7	5.7	4.8
Residents receiving special skin care.	28	35.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F085*	F125*	F127*	F132*	F134	F169	F264
F288							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE EDGEWOOD MANOR NH

Street Address: 4925 ELIZABETH ST		City and State: TEXARKANA, TX 75503	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 07/12/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? NO	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	Medicare Residents: 0	Medicaid Residents: 63			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		84	93.3	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		70	77.8	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		58	64.4	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		60	66.7	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		55	61.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		27	30.0	33.4	30.4
Completely bedfast residents.		7	7.8	6.6	2.8
Residents confined to chairs.		41	45.6	50.2	40.9
Residents requiring restraints.		18	20.0	30.9	30.9
Confused or disoriented residents.		58	64.4	59.1	55.4
Residents with bed sores.		7	7.8	5.7	4.8
Residents receiving special skin care.		14	15.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	13	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F125*	F128*	F132*	F191*	F259	F285	F294
F314	F332*						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE FOUR STATES NH

Street Address: 8 E MIDWAY DR		City and State: TEXARKANA, TX 75501	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 03/23/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 13	Medicaid Residents: 82		
		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		110	94.0	85.5
Dressing				
Residents requiring some or total assistance in dressing.		100	85.5	85.0
Toileting				
Residents requiring some or total assistance in toileting.		82	70.1	75.5
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		83	70.9	75.3
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		83	70.9	71.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3
Eating				
Residents receiving tube feedings or requiring assistance with eating.		46	39.3	44.1
Completely bedfast residents.		74	63.2	10.9
Residents confined to chairs.		8	6.8	54.2
Residents requiring restraints.		62	53.0	35.7
Confused or disoriented residents.		38	32.5	59.5
Residents with bed sores.		16	13.7	9.2
Residents receiving special skin care.		78	66.7	24.7

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
N/A	MET	6	1.7	225	2.2
N/A	MET	2	0.6	441	4.3
N/A	MET	2	0.6	142	1.4
N/A	MET	6	1.7	911	8.9
N/A	NOT MET	55	15.2	1511	14.7
N/A	MET	4	1.1	45	0.4
N/A	MET	1	0.3	298	2.9
N/A	MET	1	0.3	48	0.5
N/A	MET	1	0.3	151	1.5
N/A	MET	2	0.6	70	0.7
N/A	NOT MET	38	10.5	631	6.1
N/A	NOT MET	82	22.7	2623	25.5
N/A	NOT MET	74	20.5	1944	18.9
N/A	NOT MET	28	7.8	1160	11.3
N/A	MET	23	6.4	1757	17.1
N/A	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	NOT MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	NOT MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F105	F123*	F125*	F127*	F128*	F129*	F132*
F134	F139	F169	F170	F173*	F199	F262	F264
F289	F321	F324*	F332*				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE FOUR STATES NURSING HOME INC

Street Address: 8 E MIDWAY DR		City and State: TEXARKANA, TX 75501	
Participation: MEDICAID ICF	# of Beds: 180	Type of Ownership: PROPRIETARY	Survey Date: 05/25/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	Medicare Residents: 0	Medicaid Residents: 95
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	92.0	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	75	66.4	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	69	61.1	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	82.3	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	41.6	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	29.2	33.4	30.4
Completely bedfast residents.	46	40.7	6.6	2.8
Residents confined to chairs.	26	23.0	50.2	40.9
Residents requiring restraints.	65	57.5	30.9	30.9
Confused or disoriented residents.	43	38.1	59.1	55.4
Residents with bed sores.	4	3.5	5.7	4.8
Residents receiving special skin care.	67	59.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F115	F126	F127*	F133*	F169	F173*	F174	F175
F180	F190	F191*	F194	F259	F260	F314	F328
F332*							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **LEISURE LODGE TEXARKANA**

Street Address: 4808 ELIZABETH		City and State: TEXARKANA, TX 75503	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 07/12/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
71		0		57			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				62	87.3	81.3	78.5
Dressing							
Residents requiring some or total assistance in dressing.				55	77.5	78.0	76.5
Toileting							
Residents requiring some or total assistance in toileting.				55	77.5	66.3	63.4
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				51	71.8	68.5	67.1
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				54	76.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.				0	0.0	2.5	5.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				21	29.6	33.4	30.4
Completely bedfast residents.				18	25.4	6.6	2.8
Residents confined to chairs.				26	36.6	50.2	40.9
Residents requiring restraints.				32	45.1	30.9	30.9
Confused or disoriented residents.				35	49.3	59.1	55.4
Residents with bed sores.				2	2.8	5.7	4.8
Residents receiving special skin care.				24	33.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F086	F102	F244	F249	F250	F252	F262	F264
F294	F325	F328	F332*	F344	F346	F349	F352
F359							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE OAK MANOR NURSING HOME

Street Address: 210 NORTH KENWOOD		City and State: TEXARKANA, TX 75501	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 01/17/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	Medicare Residents: 0	Medicaid Residents: 71			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		15	15.5	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		81	83.5	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		67	69.1	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		69	71.1	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		64	66.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		33	34.0	33.4	30.4
Completely bedfast residents.		15	15.5	6.6	2.8
Residents confined to chairs.		53	54.6	50.2	40.9
Residents requiring restraints.		27	27.8	30.9	30.9
Confused or disoriented residents.		50	51.5	59.1	55.4
Residents with bed sores.		12	12.4	5.7	4.8
Residents receiving special skin care.		44	45.4	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 89/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	633	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126	F127*	F128*	F131*	F191*	F224	F258	F259
F262	F264	F293*	F313*	F332*			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE TEXARKANA NURSING CENTER

Street Address: 4920 ELIZABETH ST		City and State: TEXARKANA, TX 75503	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 06/29/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	Medicare Residents: 0	Medicaid Residents: 73			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		92	94.8	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		80	82.5	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		67	69.1	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		63	64.9	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		61	62.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.		4	4.1	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		17	17.5	33.4	30.4
Completely bedfast residents.		3	3.1	6.6	2.8
Residents confined to chairs.		54	55.7	50.2	40.9
Residents requiring restraints.		19	19.6	30.9	30.9
Confused or disoriented residents.		54	55.7	59.1	55.4
Residents with bed sores.		7	7.2	5.7	4.8
Residents receiving special skin care.		7	7.2	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F242*	F258	F259	F261	F262	F264	F288	F298
F330	F346	F359					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **WADLEY REGIONAL MEDICAL CTR**

Street Address: 1000 PINE ST		City and State: TEXARKANA, TX 75501	
Participation: MEDICARE SNF	# of Beds: 144	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 07/25/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 12	Medicare Residents: 12	Medicaid Residents: 0			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		12	100	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		12	100	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		12	100	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		12	100	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		7	58.3	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		6	50.0	44.1	39.1
Completely bedfast residents.		5	41.7	10.9	3.2
Residents confined to chairs.		3	25.0	54.2	52.3
Residents requiring restraints.		7	58.3	35.7	40.4
Confused or disoriented residents.		5	41.7	59.5	58.6
Residents with bed sores.		6	50.0	9.2	7.6
Residents receiving special skin care.		9	75.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F191* F262

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE AVALON PLACE TEXAS CITY

Street Address: 210 GULF FREEWAY		City and State: TEXAS CITY, TX 77590	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 110	Type of Ownership: PROPRIETARY	Survey Date: 10/07/88
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	Medicare Residents: 1	Medicaid Residents: 62			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		96	98.0	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		86	87.8	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		71	72.4	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		63	64.3	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		66	67.3	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		35	35.7	44.1	39.1
Completely bedfast residents.		13	13.3	10.9	3.2
Residents confined to chairs.		54	55.1	54.2	52.3
Residents requiring restraints.		57	58.2	35.7	40.4
Confused or disoriented residents.		34	34.7	59.5	58.6
Residents with bed sores.		7	7.1	9.2	7.6
Residents receiving special skin care.		26	26.5	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F173* F262 F340*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **BAY BROOK VILLA**

Street Address: 501 8TH AVENUE NORTH		City and State: TEXAS CITY, TX 77590	
Participation: MEDICAID ICF	# of Beds: 117	Type of Ownership: PROPRIETARY	Survey Date: 01/27/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
90		0		69	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		90	100	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		90	100	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		54	60.0	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		71	78.9	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		54	60.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		34	37.8	33.4	30.4
Completely bedfast residents.		14	15.6	6.6	2.8
Residents confined to chairs.		65	72.2	50.2	40.9
Residents requiring restraints.		17	18.9	30.9	30.9
Confused or disoriented residents.		46	51.1	59.1	55.4
Residents with bed sores.		16	17.8	5.7	4.8
Residents receiving special skin care.		32	35.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	NOT MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	26	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	19	2.6	352	6.7
NOT MET	MET	48	6.5	683	12.9
MET	MET	20	2.7	345	6.5
MET	NOT MET	184	24.9	1194	22.6
MET	MET	44	6.0	998	18.9
MET	MET	2	0.3	278	5.3
NOT MET	MET	33	4.5	299	5.7
MET	MET	31	4.2	594	11.2
MET	MET	37	5.0	322	6.1
MET	MET	44	6.0	837	15.8
MET	MET	63	8.5	1089	20.6
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	NOT MET	56	7.6	269	5.1
MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F085*	F091*	F105	F125*	F126	F127*	F128*
F139	F144	F169	F170	F191*	F199	F249	F250
F258	F259	F264	F328	F332*	F345*	F352	F358
F359							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE COLLEGE PARK CARE CENTER

Street Address: 424 N-TARPEY RD		City and State: TEXAS CITY, TX 77591	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 04/14/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	Medicare Residents: 22	Medicaid Residents: 67		
		FACILITY		STATE
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		108	99.1	85.5
Dressing				
Residents requiring some or total assistance in dressing.		108	99.1	85.0
Toileting				
Residents requiring some or total assistance in toileting.		89	81.7	75.5
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		79	72.5	75.3
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		78	71.6	71.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3
Eating				
Residents receiving tube feedings or requiring assistance with eating.		38	34.9	44.1
Completely bedfast residents.		0	0.0	10.9
Residents confined to chairs.		35	32.1	54.2
Residents requiring restraints.		55	50.5	35.7
Confused or disoriented residents.		73	67.0	59.5
Residents with bed sores.		8	7.3	9.2
Residents receiving special skin care.		46	42.2	24.7

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	NOT MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	NOT MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F123*	F126	F191*	F242*	F258	F321	F340*	F342
F345*							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE DANFORTH HOSPITAL

Street Address: 519 9TH AVENUE		City and State: TEXAS CITY, TX 77590	
Participation: MEDICARE SNF	# of Beds: 12	Type of Ownership: PROPRIETARY	Survey Date: 07/13/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 8	Medicare Residents: 8	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	100	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	8	100	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	8	100	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	100	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	100	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	100	44.1	39.1
Completely bedfast residents.	8	100	10.9	3.2
Residents confined to chairs.	0	0.0	54.2	52.3
Residents requiring restraints.	2	25.0	35.7	40.4
Confused or disoriented residents.	8	100	59.5	58.6
Residents with bed sores.	4	50.0	9.2	7.6
Residents receiving special skin care.	4	50.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132 F191* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE FIFTH AVENUE CARE CENTER

Street Address: 815 5TH AVE N		City and State: TEXAS CITY, TX 77590	
Participation: MEDICAID ICF	# of Beds: 65	Type of Ownership: PROPRIETARY	Survey Date: 06/09/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
50	0	38			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		45	90.0	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		35	70.0	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		36	72.0	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		32	64.0	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		33	66.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		29	58.0	33.4	30.4
Completely bedfast residents.		0	0.0	6.6	2.8
Residents confined to chairs.		37	74.0	50.2	40.9
Residents requiring restraints.		20	40.0	30.9	30.9
Confused or disoriented residents.		22	44.0	59.1	55.4
Residents with bed sores.		4	8.0	5.7	4.8
Residents receiving special skin care.		6	12.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	NOT MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F099	F102	F126	F128*	F129*	F134	F170	F173*
F175	F191*	F259	F345*				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SEABREEZE CARE CENTER

Street Address: 6602 MEMORIAL DRIVE		City and State: TEXAS CITY, TX 77590	
Participation: MEDICAID ICF	# of Beds: 103	Type of Ownership: PROPRIETARY	Survey Date: 10/20/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	Medicare Residents: 0	Medicaid Residents: 68			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		86	97.7	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		86	97.7	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		78	88.6	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		69	78.4	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		78	88.6	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		48	54.5	33.4	37.4
Completely bedfast residents.		0	0.0	6.6	2.8
Residents confined to chairs.		59	67.0	50.2	40.9
Residents requiring restraints.		36	40.9	30.9	30.9
Confused or disoriented residents.		60	68.2	59.1	55.4
Residents with bed sores.		2	2.3	5.7	4.8
Residents receiving special skin care.		7	8.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F132*	F134	F170	F199	F237*	F255	F256
F262	F263	F318	F345*				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **HERITAGE MANOR THE WOODLANDS**

Street Address: 4650 SOUTH PANTHER CREEK DRIVE		City and State: THE WOODLANDS, TX 77381	
Participation: MEDICAID ICF	# of Beds: 206	Type of Ownership: PROPRIETARY	Survey Date: 06/16/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 152	Medicare Residents: 0	Medicaid Residents: 81			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		152	100	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		120	78.9	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		105	69.1	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		110	72.4	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		108	71.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		50	32.9	33.4	30.4
Completely bedfast residents.		3	2.0	6.6	2.8
Residents confined to chairs.		79	52.0	50.2	40.9
Residents requiring restraints.		59	38.8	30.9	30.9
Confused or disoriented residents.		104	68.4	59.1	55.4
Residents with bed sores.		3	2.0	5.7	4.8
Residents receiving special skin care.		40	26.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	NOT MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061	F062	F080*	F084	F091*	F093	F115	F119
F170							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **ROMA MEM NURSING HOME INC**

Street Address: SMITH BLVD DRAWER 807		City and State: THREE RIVERS, TX 78071	
Participation: MEDICAID ICF	# of Beds: 74	Type of Ownership: PROPRIETARY	Survey Date: 07/28/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	Medicare Residents: 0	Medicaid Residents: 40			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		63	94.0	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		50	74.6	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		41	61.2	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		34	50.7	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		37	55.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		29	43.3	33.4	30.4
Completely bedfast residents.		5	7.5	6.6	2.8
Residents confined to chairs.		16	23.9	50.2	40.9
Residents requiring restraints.		16	23.9	30.9	30.9
Confused or disoriented residents.		28	41.8	59.1	55.4
Residents with bed sores.		1	1.5	5.7	4.8
Residents receiving special skin care.		0	0.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F170 F191* F227 F244

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE THROCKMORTON NURSING CTR

Street Address: 1000 MINTER AVENUE		City and State: THROCKMORTON, TX 76083	
Participation: MEDICAID ICF	# of Beds: 58	Type of Ownership: PROPRIETARY	Survey Date: 10/19/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31		Medicare Residents: 0		Medicaid Residents: 24			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				13	41.9	81.3	78.5
Dressing							
Residents requiring some or total assistance in dressing.				18	58.1	78.0	76.5
Toileting							
Residents requiring some or total assistance in toileting.				15	48.4	66.3	63.4
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				28	90.3	68.5	67.1
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				18	58.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.				9	29.0	2.5	5.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				4	12.9	33.4	30.4
Completely bedfast residents.				0	0.0	6.6	2.8
Residents confined to chairs.				14	45.2	50.2	40.9
Residents requiring restraints.				9	29.0	30.9	30.9
Confused or disoriented residents.				17	54.8	59.1	55.4
Residents with bed sores.				2	6.5	5.7	4.8
Residents receiving special skin care.				2	6.5	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F118 F135

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **AUTUMN HILLS CONVALESCENT CENTER**

Street Address: 615 LAWRENCE STREET		City and State: TOMBALL, TX 77375	
Participation: MEDICAID ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 12/30/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 140	Medicare Residents: 0	Medicaid Residents: 93			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		130	92.9	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		124	88.6	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		80	57.1	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		107	76.4	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		96	68.6	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		85	60.7	33.4	30.4
Completely bedfast residents.		44	31.4	6.6	2.8
Residents confined to chairs.		64	45.7	50.2	40.9
Residents requiring restraints.		74	52.9	30.9	30.9
Confused or disoriented residents.		89	63.6	59.1	55.4
Residents with bed sores.		6	4.3	5.7	4.8
Residents receiving special skin care.		10	7.1	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F135 F237*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **LOUISE AND JOHN L WINSLOW MEM HOME**

Street Address: 815 N PEACH ST		City and State: TOMBALL, TX 77375	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 122	Type of Ownership: PROPRIETARY	Survey Date: 03/17/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
89	13	59			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		89	100	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		80	89.9	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		75	84.3	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		75	84.3	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		74	83.1	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		36	40.4	44.1	39.1
Completely bedfast residents.		21	23.6	10.9	3.2
Residents confined to chairs.		55	61.8	54.2	52.3
Residents requiring restraints.		26	29.2	35.7	40.4
Confused or disoriented residents.		49	55.1	59.5	58.6
Residents with bed sores.		13	14.6	9.2	7.6
Residents receiving special skin care.		10	11.2	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F128* F135 F140 F175 F182 F191*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **SKILLED NURSING CTR AT TOMBALL, THE**

Street Address: 605 HOLDERRIETH		City and State: TOMBALL, TX 77375	
Participation: MEDICARE SNF	# of Beds: 23	Type of Ownership: NON-PROFIT OTHER	Survey Date: 07/27/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
16	14	0			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		16	100	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		16	100	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		16	100	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		14	87.5	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		10	62.5	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		13	81.3	44.1	39.1
Completely bedfast residents.		1	6.3	10.9	3.2
Residents confined to chairs.		9	56.3	54.2	52.3
Residents requiring restraints.		2	12.5	35.7	40.4
Confused or disoriented residents.		8	50.0	59.5	58.6
Residents with bed sores.		7	43.8	9.2	7.6
Residents receiving special skin care.		13	81.3	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	NOT MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F134 F135 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE AVALON PLACE

Street Address: HIGHWAY 19 SOUTH		City and State: TRINITY, TX 75862	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 08/16/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	Medicare Residents: 0	Medicaid Residents: 67	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	100	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	62	72.9	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	52	61.2	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	54.1	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	42.4	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	22.4	33.4	30.4
Completely bedfast residents.	3	3.5	6.6	2.8
Residents confined to chairs.	48	56.5	50.2	40.9
Residents requiring restraints.	19	22.4	30.9	30.9
Confused or disoriented residents.	47	55.3	59.1	55.4
Residents with bed sores.	7	8.2	5.7	4.8
Residents receiving special skin care.	7	8.2	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F169 F264 F287 F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **WESTWOOD CONVALESCENT HOME INC**

Street Address: 1204 W NOBLE ST		City and State: TROUP, TX 75789	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 06/08/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
50		0		27			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				38	76.0	81.3	78.5
Dressing							
Residents requiring some or total assistance in dressing.				38	76.0	78.0	76.5
Toileting							
Residents requiring some or total assistance in toileting.				35	70.0	66.3	63.4
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				35	70.0	68.5	67.1
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				20	40.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.				9	18.0	2.5	5.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				17	34.0	33.4	30.4
Completely bodfast residents.				10	20.0	6.6	2.8
Residents confined to chairs.				17	34.0	50.2	40.9
Residents requiring restraints.				22	44.0	30.9	30.9
Confused or disoriented residents.				27	54.0	59.1	55.4
Residents with bed sores.				2	4.0	5.7	4.8
Residents receiving special skin care.				7	14.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.						
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F289 F298 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE TULIA CARE CENTER

Street Address: 714 S AUSTIN		City and State: TULIA, TX 79088	
Participation: MEDICAID ICF	# of Beds: 52	Type of Ownership: PROPRIETARY	Survey Date: 10/24/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
50	0	33			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		43	86.0	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		38	76.0	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		35	70.0	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		36	72.0	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		30	60.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		17	34.0	33.4	30.4
Completely bedfast residents.		2	4.0	6.6	2.8
Residents confined to chairs.		31	62.0	50.2	40.9
Residents requiring restraints.		18	36.0	30.9	30.9
Confused or disoriented residents.		25	50.0	59.1	55.4
Residents with bed sores.		6	12.0	5.7	4.8
Residents receiving special skin care.		7	14.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F055 F056

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **ALL SEASONS CARE CENTER TYLER**

Street Address: 2901 E FRONT		City and State: TYLER, TX 75702	
Participation: MEDICAID ICF	# of Beds: 148	Type of Ownership: PROPRIETARY	Survey Date: 10/19/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	Medicare Residents: 0	Medicaid Residents: 49			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		41	80.4	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		34	66.7	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		29	56.9	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		20	39.2	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		25	49.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		6	11.8	33.4	30.4
Completely bedfast residents.		0	0.0	6.6	2.8
Residents confined to chairs.		28	54.9	50.2	40.9
Residents requiring restraints.		2	3.9	30.9	30.9
Confused or disoriented residents.		22	43.1	59.1	55.4
Residents with bed sores.		0	0.0	5.7	4.8
Residents receiving special skin care.		9	17.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F101	F131*	F134	F173*	F174	F175	F199
F262	F288	F294					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **BRIARCLIFF VILLAGE HEALTH CENTER**

Street Address: 3403 S VINE		City and State: TYLER, TX 75701	
Participation: MEDICAID ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 08/09/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
130	0	74			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		103	79.2	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		123	94.6	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		120	92.3	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		75	57.7	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		120	92.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.		6	4.6	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		38	29.2	33.4	30.4
Completely bedfast residents.		0	0.0	6.6	2.8
Residents confined to chairs.		56	43.1	50.2	40.9
Residents requiring restraints.		29	22.3	30.9	30.9
Confused or disoriented residents.		57	43.8	59.1	55.4
Residents with bed sores.		8	6.2	5.7	4.8
Residents receiving special skin care.		16	12.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F100	F127*	F199	F227	F250	F253	F255
F256	F262	F346					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE CLAIRMONT, THE

Street Address: 900 SOUTH BAXTER STREET		City and State: TYLER, TX 75701	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 12/20/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
93	3	38			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		65	69.9	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		83	89.2	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		72	77.4	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		69	74.2	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		58	62.4	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		30	32.3	44.1	39.1
Completely bedfast residents.		19	20.4	10.9	3.2
Residents confined to chairs.		51	54.8	54.2	52.3
Residents requiring restraints.		35	37.6	35.7	40.4
Confused or disoriented residents.		30	32.3	59.5	58.6
Residents with bed sores.		8	8.6	9.2	7.6
Residents receiving special skin care.		0	0.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F191* F196* F285 F288 F296 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE COLONIAL MANOR OF TYLER

Street Address: 930 S BAXTER		City and State: TYLER, TX 75701	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 174	Type of Ownership: PROPRIETARY	Survey Date: 07/27/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 161	Medicare Residents: 9	Medicaid Residents: 114			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		142	88.2	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		143	88.8	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		131	81.4	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		153	95.0	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		133	82.6	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		83	51.6	44.1	39.1
Completely bedfast residents.		55	34.2	10.9	3.2
Residents confined to chairs.		78	48.4	54.2	52.3
Residents requiring restraints.		79	49.1	35.7	40.4
Confused or disoriented residents.		129	80.1	59.5	58.6
Residents with bed sores.		9	5.6	9.2	7.6
Residents receiving special skin care.		1	0.6	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F133* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE EASTVIEW NURSING CENTER

Street Address: 2902 HIGHWAY 31 EAST		City and State: TYLER, TX 75702	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 07/06/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of information) in the introductory materials of this volume.		COMPLIANCE ACTION? YES	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
91	0	74			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		74	81.3	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		66	72.5	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		54	59.3	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		62	68.1	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		43	47.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		14	15.4	33.4	30.4
Completely bedfast residents.		6	6.6	6.6	2.8
Residents confined to chairs.		29	31.9	50.2	40.9
Residents requiring restraints.		19	20.9	30.9	30.9
Confused or disoriented residents.		21	23.1	59.1	55.4
Residents with bed sores.		3	3.3	5.7	4.8
Residents receiving special skin care.		18	19.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	54	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F105	F125*	F126	F128*	F129*	F134	F227	F262
F264	F294	F332*	F348	F349			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **GLENVIEW OF TYLER NURSING HOME INC**

Street Address: 3526 WEST ERWIN STREET		City and State: TYLER, TX 75702	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 10/31/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	Medicare Residents: 0	Medicaid Residents: 75			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		100	91.7	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		85	78.0	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		70	64.2	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		81	74.3	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		81	74.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.		6	5.5	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		36	33.0	33.4	30.4
Completely bedfast residents.		13	11.9	6.6	2.8
Residents confined to chairs.		46	42.2	50.2	40.9
Residents requiring restraints.		29	26.6	30.9	30.9
Confused or disoriented residents.		52	47.7	59.1	55.4
Residents with bed sores.		8	7.3	5.7	4.8
Residents receiving special skin care.		55	50.5	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F130 F132* F298

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE MELROSE NURSING CENTER

Street Address: 1501 WEST 29TH STREET		City and State: TYLER, TX 75702	
Participation: MEDICAID ICF	# of Beds: 106	Type of Ownership: PROPRIETARY	Survey Date: 10/25/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? YES	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	Medicare Residents: 0	Medicaid Residents: 87			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		59	64.1	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		63	68.5	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		44	47.8	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		69	75.0	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		44	47.8	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		10	10.9	33.4	30.4
Completely bedfast residents.		3	3.3	6.6	2.8
Residents confined to chairs.		34	37.0	50.2	40.9
Residents requiring restraints.		18	19.6	30.9	30.9
Confused or disoriented residents.		36	39.1	59.1	55.4
Residents with bed sores.		5	5.4	5.7	4.8
Residents receiving special skin care.		14	15.2	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F125*	F127*	F128*	F130	F132*	F134	F135	F144
F172	F173*	F180	F191*	F199	F298	F346	F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE PARK PLACE NURSING CENTER

Street Address: 2450 EAST FIFTH ST		City and State: TYLER, TX 75701	
Participation: MEDICARE SNF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 08/22/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	Medicare Residents: 12	Medicaid Residents: 0			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		26	100	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		24	92.3	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		22	84.6	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		21	80.8	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		21	80.8	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		10	38.5	44.1	39.1
Completely bedfast residents.		19	73.1	10.9	3.2
Residents confined to chairs.		2	7.7	54.2	52.3
Residents requiring restraints.		0	0.0	35.7	40.4
Confused or disoriented residents.		0	0.0	59.5	58.6
Residents with bed sores.		0	0.0	9.2	7.6
Residents receiving special skin care.		0	0.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F114 F196* F211 F250 F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SOUTHVIEW NURSING HOME

Street Address: 3505 S OLD JACKSONVILLE RD		City and State: TYLER, TX 75701	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 09/21/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	Medicare Residents: 0	Medicaid Residents: 70	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	59.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	58	50.9	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	55	48.2	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	93.9	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	57.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	43.0	33.4	30.4
Completely bedfast residents.	0	0.0	6.6	2.8
Residents confined to chairs.	55	48.2	50.2	40.9
Residents requiring restraints.	38	33.3	30.9	30.9
Confused or disoriented residents.	30	26.3	59.1	55.4
Residents with bed sores.	7	6.1	5.7	4.8
Residents receiving special skin care.	28	24.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F128*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
WOODCREEK NURSING CENTER**

Street Address: 810 SOUTH PORTER		City and State: TYLER, TX 75701	
Participation: MEDICAID ICF	# of Beds: 192	Type of Ownership: PROPRIETARY	Survey Date: 09/07/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	Medicare Residents: 0	Medicaid Residents: 76			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		74	71.8	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		71	68.9	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		56	54.4	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		77	74.8	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		78	75.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		30	29.1	33.4	30.4
Completely bedfast residents.		5	4.9	6.6	2.8
Residents confined to chairs.		66	64.1	50.2	40.9
Residents requiring restraints.		42	40.8	30.9	30.9
Confused or disoriented residents.		103	100	59.1	55.4
Residents with bed sores.		9	8.7	5.7	4.8
Residents receiving special skin care.		13	12.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F125*	F128*	F134	F139	F175	F298	F328
F332*	F346						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE AMISTAD II CARE CENTER

Street Address: 535 NORTH PARK STREET		City and State: UVALDE, TX 78801	
Participation: MEDICAID ICF	# of Beds: 118	Type of Ownership: PROPRIETARY	Survey Date: 11/09/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
94	0	79			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		60	63.8	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		81	86.2	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		68	72.3	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		75	79.8	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		61	64.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.		1	1.1	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		40	42.6	33.4	30.4
Completely bedfast residents.		4	4.3	6.6	2.8
Residents confined to chairs.		61	64.9	50.2	40.9
Residents requiring restraints.		31	33.0	30.9	30.9
Confused or disoriented residents.		47	50.0	59.1	55.4
Residents with bed sores.		3	3.2	5.7	4.8
Residents receiving special skin care.		39	41.5	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061 F105 F13C F256

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **AMISTAD NURSING HOME INC**

Street Address: 615 GARDEN ST		City and State: UVALDE, TX 78801	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 11/09/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	Medicare Residents: 4	Medicaid Residents: 62			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		97	90.7	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		99	92.5	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		96	89.7	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		88	82.2	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		96	89.7	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		74	69.2	44.1	39.1
Completely bedfast residents.		24	22.4	10.9	3.2
Residents confined to chairs.		68	63.6	54.2	52.3
Residents requiring restraints.		48	44.9	35.7	40.4
Confused or disoriented residents.		67	62.6	59.5	58.6
Residents with bed sores.		4	3.7	9.2	7.6
Residents receiving special skin care.		3	2.8	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F053 F054 F061

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE VALLEY MILLS CARE CENTER

Street Address: FIRST STREET AND AVE E		City and State: VALLEY MILLS, TX 76689	
Participation: MEDICAID ICF	# of Beds: 61	Type of Ownership: PROPRIETARY	Survey Date: 03/07/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	Medicare Residents: 0	Medicaid Residents: 55	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	98.2	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	48	87.3	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	41	74.5	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	67.3	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	60.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	5	9.1	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	34.5	33.4	30.4
Completely bedfast residents.	2	3.6	6.6	2.8
Residents confined to chairs.	25	45.5	50.2	40.9
Residents requiring restraints.	9	16.4	30.9	30.9
Confused or disoriented residents.	15	27.3	59.1	55.4
Residents with bed sores.	6	10.9	5.7	4.8
Residents receiving special skin care.	7	12.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F227 F261 F294

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE MEADOWBROOK CARE CENTER

Street Address: 100 WINDSOR DRIVE		City and State: VAN ALSTYNE, TX 75095	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 12/06/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	Medicare Residents: 0	Medicaid Residents: 41			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		36	66.7	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		42	77.8	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		39	72.2	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		39	72.2	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		34	63.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		15	27.8	33.4	30.4
Completely bedfast residents.		14	25.9	6.6	2.8
Residents confined to chairs.		21	38.9	50.2	40.9
Residents requiring restraints.		14	25.9	30.9	30.9
Confused or disoriented residents.		36	66.7	59.1	55.4
Residents with bed sores.		9	16.7	5.7	4.8
Residents receiving special skin care.		15	27.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	199	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F101	F104	F105	F128*	F129*	F132*	F134
F168*	F169	F236	F237*	F250	F264		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE COUNTRY INN CARE CENTER

Street Address: 615 E MAIN		City and State: VAN, TX 75790	
Participation: MEDICAID ICF	# of Beds: 61	Type of Ownership: PROPRIETARY	Survey Date: 08/08/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	Medicare Residents: 0	Medicaid Residents: 33		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	82.9	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	35	85.4	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	21	51.2	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	78.0	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	61.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.	4	9.8	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	29.3	33.4	30.4
Completely bedfast residents.	6	14.6	6.6	2.8
Residents confined to chairs.	18	43.9	50.2	40.9
Residents requiring restraints.	14	34.1	30.9	30.9
Confused or disoriented residents.	32	78.0	59.1	55.4
Residents with bed sores.	2	4.9	5.7	4.8
Residents receiving special skin care.	23	56.1	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F101	F134	F258	F264	F283	F313*	F314
F317	F328	F332*	F346	F353			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE VERNON CARE CENTER

Street Address: 2301 TEXAS ST		City and State: VERNON, TX 76384	
Participation: MEDICAID ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 06/07/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	Medicare Residents: 0	Medicaid Residents: 60			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		59	77.6	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		72	94.7	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		57	75.0	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		60	78.9	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		56	73.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		21	27.6	33.4	30.4
Completely bedfast residents.		2	2.6	6.6	2.8
Residents confined to chairs.		37	48.7	50.2	40.9
Residents requiring restraints.		19	25.0	30.9	30.9
Confused or disoriented residents.		61	80.3	59.1	55.4
Residents with bed sores.		3	3.9	5.7	4.8
Residents receiving special skin care.		7	9.2	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F132* F293* F296 F313*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **WOOD NURSING AND CONVALESCENT CTR**

Street Address: 4301 HOSPITAL DR		City and State: VERNON, TX 76384	
Participation: MEDICAID ICF	# of Beds: 206	Type of Ownership: PROPRIETARY	Survey Date: 09/14/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
148	0	104			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		148	100	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		127	85.8	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		108	73.0	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		148	100	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		106	71.6	62.2	59.1
Residents on individually written bowel and bladder retraining program.		73	49.3	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		51	34.5	33.4	30.4
Completely bedfast residents.		25	16.9	6.6	2.8
Residents confined to chairs.		45	30.4	50.2	40.9
Residents requiring restraints.		42	28.4	30.9	30.9
Confused or disoriented residents.		148	100	59.1	55.4
Residents with bed sores.		7	4.7	5.7	4.8
Residents receiving special skin care.		49	33.1	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F168* F169 F170 F199 F260 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE DE TAR HOSP SNF

Street Address: 506 E SAN ANTONIO ST		City and State: VICTORIA, TX 77901	
Participation: MEDICARE SNF	# of Beds: 20	Type of Ownership: PROPRIETARY	Survey Date: 06/28/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 16		Medicare Residents: 16		Medicaid Residents: 0			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				12	75.0	85.5	82.0
Dressing							
Residents requiring some or total assistance in dressing.				16	100	85.0	84.0
Toileting							
Residents requiring some or total assistance in toileting.				16	100	75.5	75.0
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				15	93.8	75.3	76.9
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				12	75.0	71.4	69.4
Residents on individually written bowel and bladder retraining program.				0	0.0	2.3	4.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				15	93.8	44.1	39.1
Completely bedfast residents.				5	31.3	10.9	3.2
Residents confined to chairs.				9	56.3	54.2	52.3
Residents requiring restraints.				1	6.3	35.7	40.4
Confused or disoriented residents.				8	50.0	59.5	58.6
Residents with bed sores.				6	37.5	9.2	7.6
Residents receiving special skin care.				16	100	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	23	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F061	F191*	F224	F270	F331	F332*	F333	F349
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NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **RETAMA MANOR NURSING CENTER SOUTH**

Street Address: 3103 EAST AIRLINE DRIVE		City and State: VICTORIA, TX 77901	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 148	Type of Ownership: PROPRIETARY	Survey Date: 04/28/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 18	Medicaid Residents: 87			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		85	73.9	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		95	82.6	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		82	71.3	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		89	77.4	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		76	66.1	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		49	42.6	44.1	39.1
Completely bedfast residents.		4	3.5	10.9	3.2
Residents confined to chairs.		84	73.0	54.2	52.3
Residents requiring restraints.		58	50.4	35.7	40.4
Confused or disoriented residents.		89	77.4	59.5	58.6
Residents with bed sores.		14	12.2	9.2	7.6
Residents receiving special skin care.		0	0.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	NOT MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F106* F128* F174 F176 F287 F313* F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **RETAMA MANOR NURSING CENTER WEST**

Street Address: 3007 N NAVARRO		City and State: VICTORIA, TX 77901	
Participation: MEDICAID ICF	# of Beds: 170	Type of Ownership: PROPRIETARY	Survey Date: 01/20/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
95	0	73			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		85	89.5	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		68	71.6	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		67	70.5	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		77	81.1	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		57	60.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		21	22.1	33.4	30.4
Completely bedfast residents.		6	6.3	6.6	2.8
Residents confined to chairs.		55	57.9	50.2	40.9
Residents requiring restraints.		32	33.7	30.9	30.9
Confused or disoriented residents.		46	48.4	59.1	55.4
Residents with bed sores.		7	7.4	5.7	4.8
Residents receiving special skin care.		95	100	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F100	F101	F104	F105	F117	F125*	F130
F134	F135	F170	F262	F294	F332*	F359	

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE TWIN PINES NURSING HOME

Street Address: 3301 MOCKINGBIRD LANE		City and State: VICTORIA, TX 77901	
Participation: MEDICAID ICF	# of Beds: 160	Type of Ownership: NON-PROFIT OTHER	Survey Date: 12/16/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 153	Medicare Residents: 0	Medicaid Residents: 79			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		151	98.7	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		134	87.6	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		112	73.2	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		104	68.0	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		106	69.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.		32	20.9	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		45	29.4	33.4	30.4
Completely bedfast residents.		1	0.7	6.6	2.8
Residents confined to chairs.		113	73.9	50.2	40.9
Residents requiring restraints.		52	34.0	30.9	30.9
Confused or disoriented residents.		59	38.6	59.1	55.4
Residents with bed sores.		6	3.9	5.7	4.8
Residents receiving special skin care.		6	3.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F080* F102 F126 F128* F359

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
VICTORIA NURSING & REHABILITATION CTR**

Street Address: 114 MEDICAL DRIVE		City and State: VICTORIA, TX 77904	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 122	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 11/30/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	Medicare Residents: 11	Medicaid Residents: 52			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		95	87.2	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		99	90.8	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		82	75.2	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		68	62.4	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		89	81.7	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		33	30.3	44.1	39.1
Completely bedfast residents.		5	4.6	10.9	3.2
Residents confined to chairs.		30	27.5	54.2	52.3
Residents requiring restraints.		30	27.5	35.7	40.4
Confused or disoriented residents.		45	41.3	59.5	58.6
Residents with bed sores.		3	2.8	9.2	7.6
Residents receiving special skin care.		42	38.5	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F139 F227 F278

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
CHANGING SEASONS COMM CARE CTR**

Street Address: 545 DENVER ST		City and State: VIDOR, TX 77662	
Participation: MEDICAID ICF	# of Beds: 55	Type of Ownership: PROPRIETARY	Survey Date: 10/26/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	Medicare Residents: 0	Medicaid Residents: 31
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	63.6	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	30	68.2	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	28	63.6	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	61.4	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	63.6	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	40.9	33.4	30.4
Completely bedfast residents.	8	18.2	6.6	2.8
Residents confined to chairs.	16	36.4	50.2	40.9
Residents requiring restraints.	10	22.7	30.9	30.9
Confused or disoriented residents.	22	50.0	59.1	55.4
Residents with bed sores.	2	4.5	5.7	4.8
Residents receiving special skin care.	9	20.5	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F125* F129*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE GREEN ACRES CONVALESCENT CENTER

Street Address: 470 MOORE STREET		City and State: VIDOR, TX 77662	
Participation: MEDICAID ICF	# of Beds: 146	Type of Ownership: PROPRIETARY	Survey Date: 02/02/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	Medicare Residents: 0	Medicaid Residents: 52			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		43	62.3	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		57	82.6	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		57	82.6	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		37	53.6	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		35	50.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.		1	1.4	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		15	21.7	33.4	30.4
Completely bedfast residents.		12	17.4	6.6	2.8
Residents confined to chairs.		22	31.9	50.2	40.9
Residents requiring restraints.		27	39.1	30.9	30.9
Confused or disoriented residents.		41	59.4	59.1	55.4
Residents with bed sores.		2	2.9	5.7	4.8
Residents receiving special skin care.		6	8.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F168* F169 F194 F196* F198 F199

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **OAKWOOD MANOR NURSING HOME**

Street Address: 225 SOUTH MAIN STREET		City and State: VIDOR, TX 77662	
Participation: MEDICAID ICF	# of Beds: 61	Type of Ownership: PROPRIETARY	Survey Date: 04/13/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 40	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	91.5	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	51	86.4	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	45	76.3	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	40.7	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	76.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	52.5	33.4	30.4
Completely bedfast residents.	1	1.7	6.6	2.8
Residents confined to chairs.	25	42.4	50.2	40.9
Residents requiring restraints.	18	30.5	30.9	30.9
Confused or disoriented residents.	46	78.0	59.1	55.4
Residents with bed sores.	1	1.7	5.7	4.8
Residents receiving special skin care.	1	1.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE BELLMEAD FAMILY CARE

Street Address: 4601 WISCONSIN		City and State: WACO, TX 76705	
Participation: MEDICAID ICF	# of Beds: 49	Type of Ownership: PROPRIETARY	Survey Date: 04/18/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
38	0	21			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		30	78.9	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		21	55.3	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		21	55.3	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		19	50.0	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		26	68.4	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		5	13.2	33.4	30.4
Completely bedfast residents.		1	2.6	6.6	2.8
Residents confined to chairs.		18	47.4	50.2	40.9
Residents requiring restraints.		12	31.6	30.9	30.9
Confused or disoriented residents.		20	52.6	59.1	55.4
Residents with bed sores.		4	10.5	5.7	4.8
Residents receiving special skin care.		6	15.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F100*	F101	F102	F126	F127*	F131*	F132*	F191*
F101	F199	F346	F359				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE CARE INN OF WACO

Street Address: 5900 CLOVER LN		City and State: WACO, TX 76710	
Participation: MEDICAID ICF	# of Beds: 74	Type of Ownership: PROPRIETARY	Survey Date: 10/25/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	Medicare Residents: 0	Medicaid Residents: 48			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		38	55.1	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		41	59.4	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		37	53.6	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		31	44.9	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		55	79.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		10	14.5	33.4	30.4
Completely bedfast residents.		1	1.4	6.6	2.8
Residents confined to chairs.		38	55.1	50.2	40.9
Residents requiring restraints.		18	26.1	30.9	30.9
Confused or disoriented residents.		54	78.3	59.1	55.4
Residents with bed sores.		8	11.6	5.7	4.8
Residents receiving special skin care.		16	23.2	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F199

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **CRESTVIEW MANOR RET AND CONV CTR**

Street Address: 1400 LAKE SHORE DR PO DRAWER 5301	City and State: WACO, TX 76708
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Participation: MEDICAID ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 03/10/89
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Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.	COMPLIANCE ACTION? NO
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SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 134	Medicare Residents: 0	Medicaid Residents: 105			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		129	96.3	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		65	48.5	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		106	79.1	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		84	62.7	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		116	86.6	62.2	59.1
Residents on individually written bowel and bladder retraining program.		6	4.5	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		50	37.3	33.4	30.4
Completely bedfast residents.		2	1.5	6.6	2.8
Residents confined to chairs.		28	20.9	50.2	40.9
Residents requiring restraints.		14	10.4	30.9	30.9
Confused or disoriented residents.		80	59.7	59.1	55.4
Residents with bed sores.		5	3.7	5.7	4.8
Residents receiving special skin care.		5	3.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F170 F194 F261 F264

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE GREENVIEW MANOR

Street Address: 401 OWEN LANE		City and State: WACO, TX 76710	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 136	Type of Ownership: PROPRIETARY	Survey Date: 06/23/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 122	Medicare Residents: 15	Medicaid Residents: 82			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		81	66.4	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		78	63.9	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		75	61.5	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		71	58.2	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		66	54.1	71.4	69.4
Residents on individually written bowel and bladder retraining program.		3	2.5	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		62	50.8	44.1	39.1
Completely bedfast residents.		15	12.3	10.9	3.2
Residents confined to chairs.		37	30.3	54.2	52.3
Residents requiring restraints.		22	18.0	35.7	40.4
Confused or disoriented residents.		70	57.4	59.5	58.6
Residents with bed sores.		13	10.7	9.2	7.6
Residents receiving special skin care.		10	8.2	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102	F127*	F140	F191*	F227	F264	F349
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NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE HAVEN MANOR NURSING HOME

Street Address: 1701 W WACO DR		City and State: WACO, TX 76707	
Participation: MEDICAID ICF	# of Beds: 102	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 01/27/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? YES	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	Medicare Residents: 0	Medicaid Residents: 84			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		95	93.1	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		74	72.5	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		50	49.0	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		61	59.8	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		50	49.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.		10	9.8	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		17	16.7	33.4	30.4
Completely bedfast residents.		5	4.9	6.6	2.8
Residents confined to chairs.		60	58.8	50.2	40.9
Residents requiring restraints.		23	22.5	30.9	30.9
Confused or disoriented residents.		37	36.3	59.1	55.4
Residents with bed sores.		5	4.9	5.7	4.8
Residents receiving special skin care.		2	2.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126	F132*	F194	F196*	F199	F328	F332*	F345*
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NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **HILLCREST MANOR NURSING HOME**

Street Address: 3008 LYLE AVE		City and State: WACO, TX 76708	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 03/14/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	Medicare Residents: 0	Medicaid Residents: 44			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		51	92.7	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		39	70.9	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		36	65.5	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		35	63.6	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		35	63.6	62.2	59.1
Residents on individually written bowel and bladder retraining program.		3	5.5	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		37	67.3	33.4	30.4
Completely bedfast residents.		1	1.8	6.6	2.8
Residents confined to chairs.		30	54.5	50.2	40.9
Residents requiring restraints.		3	5.5	30.9	30.9
Confused or disoriented residents.		45	81.8	59.1	55.4
Residents with bed sores.		5	9.1	5.7	4.8
Residents receiving special skin care.		10	18.2	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	333	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F182 F191* F264 F345*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **JEFFREY PLACE NURSING CENTER**

Street Address: 820 JEFFREY ST		City and State: WACO, TX 76710	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 106	Type of Ownership: PROPRIETARY	Survey Date: 02/10/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	Medicare Residents: 18	Medicaid Residents: 65			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		64	70.3	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		71	78.0	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		58	63.7	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		64	70.3	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		61	67.0	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		49	53.8	44.1	39.1
Completely bedfast residents.		17	18.7	10.9	3.2
Residents confined to chairs.		52	57.1	54.2	52.3
Residents requiring restraints.		13	14.3	35.7	40.4
Confused or disoriented residents.		15	16.5	59.5	58.6
Residents with bed sores.		12	13.2	9.2	7.6
Residents receiving special skin care.		14	15.4	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F098	F102	F137	F142	F170	F349	F359
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NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE PARKVIEW NURSING HOME

Street Address: 2120 N 4TH ST		City and State: WACO, TX 76708	
Participation: MEDICAID ICF	# of Beds: 57	Type of Ownership: PROPRIETARY	Survey Date: 10/20/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:			
52	0		48			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE		NATION	
	#	%	%	%		
Bathing						
Residents requiring some or total assistance in bathing.	35	67.3	81.3	78.5		
Dressing						
Residents requiring some or total assistance in dressing.	39	75.0	78.0	76.5		
Toileting						
Residents requiring some or total assistance in toileting.	32	61.5	66.3	63.4		
Transferring						
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	38.5	68.5	67.1		
Continence						
Residents with catheters or partial or total loss of bowel or bladder control.	18	34.6	62.2	59.1		
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0		
Eating						
Residents receiving tube feedings or requiring assistance with eating.	7	13.5	33.4	30.4		
Completely bedfast residents.	0	0.0	6.6	2.8		
Residents confined to chairs.	11	21.2	50.2	40.9		
Residents requiring restraints.	3	5.8	30.9	30.9		
Confused or disoriented residents.	52	100	59.1	55.4		
Residents with bed sores.	0	0.0	5.7	4.8		
Residents receiving special skin care.	4	7.7	21.2	23.5		

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F135 F283 F287 F297

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE QUALITY CARE OF WACO

Street Address: 2501 MAPLE AVE		City and State: WACO, TX 76707	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 224	Type of Ownership: PROPRIETARY	Survey Date: 04/20/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	Medicare Residents: 1	Medicaid Residents: 17			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		70	81.4	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		74	86.0	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		58	67.4	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		59	68.6	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		44	51.2	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		26	30.2	44.1	39.1
Completely bedfast residents.		4	4.7	10.9	3.2
Residents confined to chairs.		27	31.4	54.2	52.3
Residents requiring restraints.		16	18.6	35.7	40.4
Confused or disoriented residents.		31	36.0	59.5	58.6
Residents with bed sores.		6	7.0	9.2	7.6
Residents receiving special skin care.		24	27.9	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F131* F167* F250

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE RIDGECREST RETIREMENT CENTER

Street Address: 1900 HIGHWAY 6 WEST		City and State: WACO, TX 76712	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 80	Type of Ownership: PROPRIETARY	Survey Date: 05/03/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	Medicare Residents: 3	Medicaid Residents: 5		
		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		34	97.1	85.5
Dressing				
Residents requiring some or total assistance in dressing.		33	94.3	85.0
Toileting				
Residents requiring some or total assistance in toileting.		34	97.1	75.5
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		34	97.1	75.3
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		34	97.1	71.4
Residents on individually written bowel and bladder retraining program.		4	11.4	2.3
Eating				
Residents receiving tube feedings or requiring assistance with eating.		15	42.9	44.1
Completely bedfast residents.		1	2.9	10.9
Residents confined to chairs.		5	14.3	54.2
Residents requiring restraints.		3	8.6	35.7
Confused or disoriented residents.		28	80.0	59.5
Residents with bed sores.		3	8.6	9.2
Residents receiving special skin care.		12	34.3	24.7

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	27	7.5	1528	14.9
MET	MET	28	7.8	2029	19.7
MET	MET	16	4.4	1395	13.6
MET	MET	107	29.6	2492	24.2
MET	MET	14	3.9	1356	13.2
MET	MET	4	1.1	568	5.5
MET	MET	12	3.3	917	8.9
MET	MET	29	8.0	1551	15.1
MET	MET	29	8.0	1319	12.8
MET	MET	19	5.3	1156	11.2
MET	MET	19	5.3	981	9.5
MET	MET	45	12.5	1411	13.7
MET	MET	22	6.1	1452	14.1
MET	MET	12	3.3	2140	20.8
MET	MET	23	6.4	760	7.4
NOT MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F227

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **ST ELIZABETHS NH**

Street Address: 406 AUSTIN AVE		City and State: WACO, TX 76703	
Participation: MEDICAID ICF	# of Beds: 179	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 11/09/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
162	0	94			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		124	76.5	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		142	87.7	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		90	55.6	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		162	100	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		93	57.4	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		28	17.3	33.4	30.4
Completely bedfast residents.		1	0.6	6.6	2.8
Residents confined to chairs.		91	56.2	50.2	40.9
Residents requiring restraints.		40	24.7	30.9	30.9
Confused or disoriented residents.		44	27.2	59.1	55.4
Residents with bed sores.		12	7.4	5.7	4.8
Residents receiving special skin care.		35	21.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F102 F130 F132* F135 F182 F199 F227 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE TWIN OAKS RETIREMENT CENTER

Street Address: 2329 N 39TH ST		City and State: WACO, TX 76708	
Participation: MEDICAID ICF	# of Beds: 98	Type of Ownership: PROPRIETARY	Survey Date: 08/09/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
89	0	65			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		73	82.0	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		65	73.0	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		39	43.8	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		49	55.1	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		29	32.6	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		17	19.1	33.4	30.4
Completely bedfast residents.		0	0.0	6.6	2.8
Residents confined to chairs.		29	32.6	50.2	40.9
Residents requiring restraints.		19	21.3	30.9	30.9
Confused or disoriented residents.		35	39.3	59.1	55.4
Residents with bed sores.		3	3.4	5.7	4.8
Residents receiving special skin care.		21	23.6	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F128* F132*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WOODLAND SPRINGS NURSING CENTER

Street Address: 1010 DALLAS ST		City and State: WACO, TX 78704	
Participation: MEDICAID ICF	# of Beds: 148	Type of Ownership: NON-PROFIT OTHER	Survey Date: 06/23/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
138		0		109			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				94	68.1	81.3	78.5
Dressing							
Residents requiring some or total assistance in dressing.				109	79.0	78.0	76.5
Toileting							
Residents requiring some or total assistance in toileting.				83	60.1	66.3	63.4
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				94	68.1	63.5	67.1
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				91	65.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.				0	0.0	2.5	5.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				26	18.8	33.4	30.4
Completely bedfast residents.				0	0.0	6.6	2.8
Residents confined to chairs.				88	63.8	50.2	40.9
Residents requiring restraints.				25	18.1	30.9	30.9
Confused or disoriented residents.				109	79.0	59.1	55.4
Residents with bed sores.				18	13.0	5.7	4.8
Residents receiving special skin care.				20	14.5	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F102 F131* F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE PLEASANT MANOR LIVING CENTER

Street Address: ACCESS ROAD SOUTH IH35		City and State: WAXAHACHIE, TX 76165	
Participation: MEDICAID ICF	# of Beds: 102	Type of Ownership: PROPRIETARY	Survey Date: 12/21/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
95		0		61			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				94	98.9	81.3	78.5
Dressing							
Residents requiring some or total assistance in dressing.				77	81.1	78.0	76.5
Toileting							
Residents requiring some or total assistance in toileting.				65	68.4	66.3	63.4
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				64	67.4	68.5	67.1
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				65	68.4	62.2	59.1
Residents on individually written bowel and bladder retraining program.				6	6.3	2.5	5.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				35	36.8	33.4	30.4
Completely bedfast residents.				5	5.3	6.6	2.8
Residents confined to chairs.				59	62.1	50.2	40.9
Residents requiring restraints.				23	24.2	30.9	30.9
Confused or disoriented residents.				83	87.4	59.1	55.4
Residents with bed sores.				2	2.1	5.7	4.8
Residents receiving special skin care.				5	5.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F085*	F127*	F128*	F130	F169	F250	F264
F294	F297	F314	F349				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE RENFRO NH WAXAHACHIE INC

Street Address: 1413 WEST MAIN		City and State: WAXAHACHIE, TX 75165	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 01/27/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 150	Medicare Residents: 26	Medicaid Residents: 92		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	149	99.3	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	107	71.3	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	94	62.7	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	62.0	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	40.7	71.4	69.4
Residents on individually written bowel and bladder retraining program.	1	0.7	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	80	53.3	44.1	39.1
Completely bedfast residents.	7	4.7	10.9	3.2
Residents confined to chairs.	74	49.3	54.2	52.3
Residents requiring restraints.	65	43.3	35.7	40.4
Confused or disoriented residents.	96	64.0	59.5	58.6
Residents with bed sores.	13	8.7	9.2	7.6
Residents receiving special skin care.	18	12.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	NOT MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	5.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119	F123*	F124	F128*	F134	F167*	F169	F170
F173*	F264	F293*	F294	F297	F313*		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE KEENELAND NURSING HOME

Street Address: 700 S BOWIE		City and State: WEATHERFORD, TX 76086	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 72	Type of Ownership: PROPRIETARY	Survey Date: 01/05/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	Medicare Residents: 0	Medicaid Residents: 41
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	85.2	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	54	88.5	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	55	90.2	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	83.6	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	86.9	71.4	69.4
Residents on individually written bowel and bladder retraining program.	41	67.2	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	77.0	44.1	39.1
Completely bedfast residents.	1	1.6	10.9	3.2
Residents confined to chairs.	40	65.6	54.2	52.3
Residents requiring restraints.	17	27.9	35.7	40.4
Confused or disoriented residents.	36	59.0	59.5	58.6
Residents with bed sores.	5	8.2	9.2	7.6
Residents receiving special skin care.	10	16.4	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F274 F314 F321 F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE LEISURE LODGE WEATHERFORD

Street Address: 1205 SANTA FE DR		City and State: WEATHERFORD, TX 76086	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 08/03/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
103	0	78			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		91	88.3	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		91	88.3	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		63	61.2	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		63	61.2	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		68	66.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		30	29.1	33.4	30.4
Completely bedfast residents.		4	3.9	6.6	2.8
Residents confined to chairs.		62	60.2	50.2	40.9
Residents requiring restraints.		36	35.0	30.9	30.9
Confused or disoriented residents.		89	86.4	59.1	55.4
Residents with bed sores.		7	6.8	5.7	4.8
Residents receiving special skin care.		12	11.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F099	F125*	F126	F127*	F128*	F129*	F249
F250	F252	F257	F327	F328			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE PEACH TREE PLACE

Street Address: 315 ANDERSON ST		City and State: WEATHERFORD, TX 76086	
Participation: MEDICAID ICF	# of Beds: 59	Type of Ownership: PROPRIETARY	Survey Date: 03/23/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	Medicare Residents: 0	Medicaid Residents: 26			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		34	89.5	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		30	78.9	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		25	65.8	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		20	52.6	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		18	47.4	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		7	18.4	33.4	30.4
Completely bedfast residents.		0	0.0	6.6	2.8
Residents confined to chairs.		27	71.1	50.2	40.9
Residents requiring restraints.		9	23.7	30.9	30.9
Confused or disoriented residents.		35	92.1	59.1	55.4
Residents with bed sores.		4	10.5	5.7	4.8
Residents receiving special skin care.		9	23.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	NOT MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	19	2.6	352	6.7
MET	NOT MET	48	6.5	683	12.9
MET	MET	20	2.7	345	6.5
MET	NOT MET	184	24.9	1194	22.6
MET	MET	44	6.0	998	18.9
MET	MET	2	0.3	278	5.3
NOT MET	MET	33	4.5	299	5.7
MET	MET	31	4.2	594	11.2
MET	MET	37	5.0	322	6.1
MET	MET	44	6.0	837	15.8
MET	MET	63	8.5	1089	20.6
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	56	7.6	269	5.1
MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F090	F127*	F128*	F129*	F139	F173*	F175	F191*
F328							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WEATHERFORD HEALTHCARE CENTER

Street Address: 521 WEST 7TH STREET		City and State: WEATHERFORD, TX 76086	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 122	Type of Ownership: PROPRIETARY	Survey Date: 03/09/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
90	8	54			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		67	74.4	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		79	87.8	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		64	71.1	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		65	72.2	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		56	62.2	71.4	69.4
Residents on individually written bowel and bladder retraining program.		8	8.9	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		21	23.3	44.1	39.1
Completely bedfast residents.		4	4.4	10.9	3.2
Residents confined to chairs.		61	67.8	54.2	52.3
Residents requiring restraints.		27	30.0	35.7	40.4
Confused or disoriented residents.		28	31.1	59.5	58.6
Residents with bed sores.		9	10.0	9.2	7.6
Residents receiving special skin care.		16	17.8	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126	F127*	F128*	F129*	F167*	F169	F170	F173*
F179	F191*	F212	F260	F289	F293*	F321	F322*
F325	F328	F331	F332*				

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **LAKEVIEW HEALTH CARE CENTER**

Street Address: 409 WEST GREEN		City and State: WEBSTER, TX 77598	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 122	Type of Ownership: PROPRIETARY	Survey Date: 05/05/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	Medicare Residents: 27	Medicaid Residents: 31		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	87.0	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	72	72.0	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	72	72.0	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	55.0	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	62.0	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	33.0	44.1	39.1
Completely bedfast residents.	6	6.0	10.9	3.2
Residents confined to chairs.	58	58.0	54.2	52.3
Residents requiring restraints.	15	15.0	35.7	40.4
Confused or disoriented residents.	45	45.0	59.5	58.6
Residents with bed sores.	16	16.0	9.2	7.6
Residents receiving special skin care.	30	30.0	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F128* F135 F170 F191* F259

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE MANOR CARE WEBSTER

Street Address: 750 WEST TEXAS AVE		City and State: WEBSTER, TX 77598	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 117	Type of Ownership: PROPRIETARY	Survey Date: 12/30/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
49	11	17			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		49	100	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		49	100	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		48	98.0	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		48	98.0	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		42	85.7	71.4	69.4
Residents on individually written bowel and bladder retraining program.		1	2.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		37	75.5	44.1	39.1
Completely bedfast residents.		6	12.2	10.9	3.2
Residents confined to chairs.		43	87.8	54.2	52.3
Residents requiring restraints.		42	85.7	35.7	40.4
Confused or disoriented residents.		40	81.6	59.5	58.6
Residents with bed sores.		16	32.7	9.2	7.6
Residents receiving special skin care.		40	81.6	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F140 F169 F236 F237*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE PARKVIEW MANOR

Street Address: 206 N SMITH ST		City and State: WEIMER, TX 78962	
Participation: MEDICAID ICF	# of Beds: 68	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 04/21/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
68	0	31			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		48	70.6	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		56	82.4	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		48	70.6	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		68	100	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		43	63.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		44	64.7	33.4	30.4
Completely bedfast residents.		1	1.5	6.6	2.8
Residents confined to chairs.		48	70.6	50.2	40.9
Residents requiring restraints.		23	33.8	30.9	30.9
Confused or disoriented residents.		43	63.2	59.1	55.4
Residents with bed sores.		5	7.4	5.7	4.8
Residents receiving special skin care.		10	14.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	NOT MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person. Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F112* F117 F119 F132* F191* F328

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WELLINGTON CARE CENTER

Street Address: 1506 CHILDRESS ST		City and State: WELLINGTON, TX 79095	
Participation: MEDICAID ICF	# of Beds: 84	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 01/05/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
73		0		49			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				71	97.3	81.3	78.5
Dressing							
Residents requiring some or total assistance in dressing.				38	52.1	78.0	76.5
Toileting							
Residents requiring some or total assistance in toileting.				42	57.5	66.3	63.4
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				71	97.3	68.5	67.1
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				40	54.8	62.2	59.1
Residents on individually written bowel and bladder retraining program.				0	0.0	2.5	5.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				18	24.7	33.4	30.4
Completely bedfast residents.				16	21.9	6.6	2.8
Residents confined to chairs.				24	32.9	50.2	40.9
Residents requiring restraints.				22	30.1	30.9	30.9
Confused or disoriented residents.				26	35.6	59.1	55.4
Residents with bed sores.				3	4.1	5.7	4.8
Residents receiving special skin care.				9	12.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	19	2.6	352	6.7
MET	MET	48	6.5	683	12.9
MET	MET	20	2.7	345	6.5
MET	MET	184	24.9	1194	22.6
MET	MET	44	6.0	998	18.9
MET	MET	2	0.3	278	5.3
MET	MET	33	4.5	299	5.7
MET	MET	31	4.2	594	11.2
MET	MET	37	5.0	322	6.1
NOT MET	MET	44	6.0	837	15.8
NOT MET	MET	63	8.5	1089	20.6
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	NOT MET	56	7.6	269	5.1
MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F055	F056	F170	F199	F227	F278	F294	F297
F314	F318	F328	F332*	F345*	F349		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WELLS NH

Street Address: MAY ST AT 2ND ST BOX 359		City and State: WELLS, TX 75976	
Participation: MEDICAID ICF	# of Beds: 96	Type of Ownership: PROPRIETARY	Survey Date: 07/27/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
50	0	37			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		50	100	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		30	60.0	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		27	54.0	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		32	64.0	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		30	60.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.		5	10.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		19	38.0	33.4	30.4
Completely bedfast residents.		3	6.0	6.6	2.8
Residents confined to chairs.		31	62.0	50.2	40.9
Residents requiring restraints.		16	32.0	30.9	30.9
Confused or disoriented residents.		26	52.0	59.1	55.4
Residents with bed sores.		2	4.0	5.7	4.8
Residents receiving special skin care.		11	22.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F314

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

**NURSING HOME PROFILE
RETAMA MANOR NURSING CTR WESLACO**

Street Address: 721 AIRPORT DRIVE		City and State: WESLACO, TX 78596	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 06/22/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? YES	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	Medicare Residents: 0	Medicaid Residents: 73			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		78	85.7	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		80	87.9	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		74	81.3	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		78	85.7	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		68	74.7	62.2	59.1
Residents on individually written bowel and bladder retraining program.		5	5.5	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		31	34.1	33.4	30.4
Completely bedfast residents.		7	7.7	6.6	2.8
Residents confined to chairs.		73	80.2	50.2	40.9
Residents requiring restraints.		48	52.7	30.9	30.9
Confused or disoriented residents.		44	48.4	59.1	55.4
Residents with bed sores.		3	3.3	5.7	4.8
Residents receiving special skin care.		3	3.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	560	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F134 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE VALLEY GRANDE MANOR

Street Address: 1212 S BRIDGE AVE		City and State: WESLACO, TX 78596	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 143	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 11/17/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	Medicare Residents: 6	Medicaid Residents: 104			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		116	89.2	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		115	88.5	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		102	78.5	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		77	59.2	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		100	76.9	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		74	56.9	44.1	39.1
Completely bedfast residents.		37	28.5	10.9	3.2
Residents confined to chairs.		63	48.5	54.2	52.3
Residents requiring restraints.		62	47.7	35.7	40.4
Confused or disoriented residents.		65	50.0	59.5	58.6
Residents with bed sores.		9	6.9	9.2	7.6
Residents receiving special skin care.		8	6.2	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	NOT MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.						
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	NOT MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F060 F080* F119 F169 F261 F313* F332* F333

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WEST REST HAVEN INC

Street Address: 300 HAVEN ST		City and State: WEST, TX 76691	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 105	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 07/28/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	Medicare Residents: 3	Medicaid Residents: 69			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		40	39.2	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		73	71.6	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		67	65.7	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		67	65.7	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		62	60.8	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		42	41.2	44.1	39.1
Completely bedfast residents.		3	2.9	10.9	3.2
Residents confined to chairs.		58	56.9	54.2	52.3
Residents requiring restraints.		27	26.5	35.7	40.4
Confused or disoriented residents.		34	33.3	59.5	58.6
Residents with bed sores.		6	5.9	9.2	7.6
Residents receiving special skin care.		25	24.5	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problem with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.						
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F191*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE AVALON PLACE

Street Address: 1405 VALHALLA		City and State: WHARTON, TX 77488	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 07/07/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98		Medicare Residents: 9		Medicaid Residents: 62	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		97	99.0	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		86	87.8	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		78	79.6	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		83	84.7	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		74	75.5	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		88	89.8	44.1	39.1
Completely bedfast residents.		1	1.0	10.9	3.2
Residents confined to chairs.		68	69.4	54.2	52.3
Residents requiring restraints.		9	9.2	35.7	40.4
Confused or disoriented residents.		78	79.6	59.5	58.6
Residents with bed sores.		9	9.2	9.2	7.6
Residents receiving special skin care.		8	8.2	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	NOT MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	NOT MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	NOT MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F101	F126	F131*	F133*	F191*	F237*	F257	F258
F259	F297	F321	F343	F349			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WHARTON MANOR

Street Address: 418 N RUSK ST		City and State: WHARTON, TX 77488	
Participation: MEDICAID ICF	# of Beds: 116	Type of Ownership: PROPRIETARY	Survey Date: 02/17/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 101	Medicare Residents: 0	Medicaid Residents: 75			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		101	100	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		91	90.1	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		66	65.3	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		62	61.4	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		72	71.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.		4	4.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		40	39.6	33.4	30.4
Completely bedfast residents.		9	8.9	6.6	2.8
Residents confined to chairs.		67	66.3	50.2	40.9
Residents requiring restraints.		34	33.7	30.9	30.9
Confused or disoriented residents.		86	85.1	59.1	55.4
Residents with bed sores.		5	5.0	5.7	4.8
Residents receiving special skin care.		16	15.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F-293*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WHEELER CARE CENTER

Street Address: 1000 SOUTH KIOWA		City and State: WHEELER, TX 79096	
Participation: MEDICAID ICF	# of Beds: 90	Type of Ownership: PROPRIETARY	Survey Date: 06/15/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	Medicare Residents: 0	Medicaid Residents: 56			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		5	6.5	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		57	74.0	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		40	51.9	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		52	67.5	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		51	66.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		27	35.1	33.4	30.4
Completely bedfast residents.		0	0.0	6.6	2.8
Residents confined to chairs.		37	48.1	50.2	40.9
Residents requiring restraints.		29	37.7	30.9	30.9
Confused or disoriented residents.		49	63.6	59.1	55.4
Residents with bed sores.		3	3.9	5.7	4.8
Residents receiving special skin care.		41	53.2	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F055	F056	F084	F085*	F224	F236	F294
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NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **WHITE SETTLEMENT NURSING CENTER**

Street Address: 7820 SKYLINE PARK DR		City and State: WHITE SETTLEMENT, TX 76108	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 108	Type of Ownership: PROPRIETARY	Survey Date: 07/21/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.		COMPLIANCE ACTION? NO	

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	Medicare Residents: 12	Medicaid Residents: 61			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		75	81.5	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		77	83.7	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		72	78.3	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		67	72.8	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		76	82.6	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		60	65.2	44.1	39.1
Completely bedfast residents.		19	20.7	10.9	3.2
Residents confined to chairs.		49	53.3	54.2	52.3
Residents requiring restraints.		66	71.7	35.7	40.4
Confused or disoriented residents.		60	65.2	59.5	58.6
Residents with bed sores.		6	6.5	9.2	7.6
Residents receiving special skin care.		9	9.8	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to provide opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	NOT MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	NOT MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F293* F321 F322* F342

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **OAK BROOK HEALTH CARE CENTER**

Street Address: 107 STACY	City and State: WHITEHOUSE, TX 75791
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Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 02/23/89
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Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	Medicare Residents: 12	Medicaid Residents: 39
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	81.0	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	58	73.4	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	42	53.2	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	64.6	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	53.2	71.4	69.4
Residents on individually written bowel and bladder retraining program.	0	0.0	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	48.1	44.1	39.1
Completely bedfast residents.	26	32.9	10.9	3.2
Residents confined to chairs.	19	24.1	54.2	52.3
Residents requiring restraints.	17	21.5	35.7	40.4
Confused or disoriented residents.	32	40.5	59.5	58.6
Residents with bed sores.	8	10.1	9.2	7.6
Residents receiving special skin care.	21	26.6	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	NOT MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	58	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F127* F128* F129* F132* F134

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **WHITESBORO NURSING HOME INC**

Street Address: 1204 SHERMAN DRIVE		City and State: WHITESBORO, TX 76273	
Participation: MEDICAID ICF	# of Beds: 82	Type of Ownership: PROPRIETARY	Survey Date: 01/12/89

Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.	COMPLIANCE ACTION? NO
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SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	Medicare Residents: 0	Medicaid Residents: 45			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		59	96.7	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		55	90.2	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		45	73.8	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		56	91.8	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		45	73.8	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		30	49.2	33.4	30.4
Completely bedfast residents.		10	16.4	6.6	2.8
Residents confined to chairs.		28	45.9	50.2	40.9
Residents requiring restraints.		30	49.2	30.9	30.9
Confused or disoriented residents.		50	82.0	59.1	55.4
Residents with bed sores.		8	13.1	5.7	4.8
Residents receiving special skin care.		8	13.1	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	15.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE CAMPBELL CARE OF WHITEWRIGHT

Street Address: 400 S BOND ST BOX 725		City and State: WHITEWRIGHT, TX 75491	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 137	Type of Ownership: PROPRIETARY	Survey Date: 05/18/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 13	Medicaid Residents: 63			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		94	80.3	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		93	79.5	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		85	72.6	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		79	67.5	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		76	65.0	71.4	69.4
Residents on individually written bowel and bladder retraining program.		10	8.5	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		70	59.8	44.1	39.1
Completely bedfast residents.		31	26.5	10.9	3.2
Residents confined to chairs.		47	40.2	54.2	52.3
Residents requiring restraints.		31	26.5	35.7	40.4
Confused or disoriented residents.		29	24.8	59.5	58.6
Residents with bed sores.		3	2.6	9.2	7.6
Residents receiving special skin care.		5	4.3	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident received proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	NOT MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F127* F140 F169 F313* F324* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE PARK PLAZA NURSING HOME

Street Address: 1244 STATE PARK ROAD		City and State: WHITNEY, TX 76692	
Participation: MEDICAID ICF	# of Beds: 110	Type of Ownership: PROPRIETARY	Survey Date: 08/23/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	Medicare Residents: 0	Medicaid Residents: 65			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		81	95.3	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		63	74.1	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		57	67.1	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		52	61.2	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		56	65.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		25	29.4	33.4	30.4
Completely bedfast residents.		1	1.2	6.6	2.8
Residents confined to chairs.		52	61.2	50.2	40.9
Residents requiring restraints.		40	47.1	30.9	30.9
Confused or disoriented residents.		49	57.6	59.1	55.4
Residents with bed sores.		6	7.1	5.7	4.8
Residents receiving special skin care.		13	15.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F056 F185 F191* F262 F288 F298

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **TOWN HALL ESTATES WHITMEY INC**

Street Address: 101 SAN MARCUS ST PO BOX 1830		City and State: WHITNEY, TX 76692	
Participation: MEDICAID ICF	# of Beds: 90	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 04/05/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:		
32	0		32		
	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	19	59.4	81.3	78.5	
Dressing					
Residents requiring some or total assistance in dressing.	22	68.8	78.0	76.5	
Toileting					
Residents requiring some or total assistance in toileting.	17	53.1	66.3	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	100	68.5	67.1	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	14	43.8	62.2	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	12	37.5	33.4	30.4	
Completely bedfast residents.	1	3.1	6.6	2.8	
Residents confined to chairs.	15	46.9	50.2	40.9	
Residents requiring restraints.	9	28.1	30.9	30.9	
Confused or disoriented residents.	22	68.8	59.1	55.4	
Residents with bed sores.	3	9.4	5.7	4.8	
Residents receiving special skin care.	1	3.1	21.2	23.5	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	19	2.6	352	6.7
MET	MET	48	6.5	683	12.9
NOT MET	MET	20	2.7	345	6.5
MET	MET	184	24.9	1194	22.6
MET	MET	44	6.0	998	18.9
MET	MET	2	0.3	278	5.3
MET	MET	33	4.5	299	5.7
MET	MET	31	4.2	594	11.2
MET	MET	37	5.0	322	6.1
MET	MET	44	6.0	837	15.8
MET	MET	63	8.5	1089	20.6
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	56	7.6	269	5.1
MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman. •

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **CANTERBURY VILLA OF WICHITA FALLS**

Street Address: 1908 6TH ST		City and State: WICHITA FALLS, TX 76301	
Participation: MEDICAID ICF	# of Beds: 62	Type of Ownership: PROPRIETARY	Survey Date: 01/18/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
50		0		39			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				21	42.0	81.3	78.5
Dressing							
Residents requiring some or total assistance in dressing.				29	58.0	78.0	76.5
Toileting							
Residents requiring some or total assistance in toileting.				41	82.0	66.3	63.4
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				16	32.0	68.5	67.1
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				21	42.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.				3	6.0	2.5	5.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				10	20.0	33.4	30.4
Completely bedfast residents.				0	0.0	6.6	2.8
Residents confined to chairs.				18	36.0	50.2	40.9
Residents requiring restraints.				7	14.0	30.9	30.9
Confused or disoriented residents.				24	48.0	59.1	55.4
Residents with bed sores.				1	2.0	5.7	4.8
Residents receiving special skin care.				1	2.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F169 F170 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE DENVER MANOR NURSING HOME

Street Address: 608 DENVER ST		City and State: WICHITA FALLS, TX 76301	
Participation: MEDICAID ICF	# of Beds: 81	Type of Ownership: PROPRIETARY	Survey Date: 04/27/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
79		0		57			
				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				79	100	81.3	78.5
Dressing							
Residents requiring some or total assistance in dressing.				68	86.1	78.0	76.5
Toileting							
Residents requiring some or total assistance in toileting.				68	86.1	66.3	63.4
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				68	86.1	68.5	67.1
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				68	86.1	62.2	59.1
Residents on individually written bowel and bladder retraining program.				0	0.0	2.5	5.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				26	32.9	33.4	30.4
Completely bedfast residents.				10	12.7	6.6	2.8
Residents confined to chairs.				58	73.4	50.2	40.9
Residents requiring restraints.				25	31.6	30.9	30.9
Confused or disoriented residents.				66	83.5	59.1	55.4
Residents with bed sores.				3	3.8	5.7	4.8
Residents receiving special skin care.				5	6.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	NOT MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	NOT MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084	F085*	F117	F119	F263	F293*	F295	F313*
F344	F345*	F346					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE
MIDWESTERN PARKWAY HERITAGE MANOR

Street Address: 601 MIDWESTERN PARKWAY		City and State: WICHITA FALLS, TX 76302	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 06/22/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
106	0	72			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		54	50.9	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		70	66.0	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		62	58.5	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		60	56.6	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		71	67.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		32	30.2	33.4	30.4
Completely bedfast residents.		10	9.4	6.6	2.8
Residents confined to chairs.		49	46.2	50.2	40.9
Residents requiring restraints.		65	61.3	30.9	30.9
Confused or disoriented residents.		72	67.9	59.1	55.4
Residents with bed sores.		18	17.0	5.7	4.8
Residents receiving special skin care.		37	34.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F128* F191* F224 F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE MONTEREY CARE CENTER

Street Address: 3101 10TH ST		City and State: WICHITA FALLS, TX 76309	
Participation: MEDICAID ICF	# of Beds: 91	Type of Ownership: PROPRIETARY	Survey Date: 01/27/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
84	0	64			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		40	47.6	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		57	67.9	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		52	61.9	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		56	66.7	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		50	59.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		13	15.5	33.4	30.4
Completely bedfast residents.		10	11.9	6.6	2.8
Residents confined to chairs.		36	42.9	50.2	40.9
Residents requiring restraints.		33	39.3	30.9	30.9
Confused or disoriented residents.		48	57.1	59.1	55.4
Residents with bed sores.		11	13.1	5.7	4.8
Residents receiving special skin care.		14	16.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F117	F128*	F139	F187	F256	F262	F263	F264
F314							

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE RIDGEVIEW NRSG AND CONV CENTER

Street Address: 4411 HENRY S GRACE FREEWAY		City and State: WICHITA FALLS, TX 76302	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 148	Type of Ownership: PROPRIETARY	Survey Date: 10/05/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	Medicare Residents: 6	Medicaid Residents: 46			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		57	77.0	85.5	82.0
Dressing					
Residents requiring some or total assistance in dressing.		63	85.1	85.0	84.0
Toileting					
Residents requiring some or total assistance in toileting.		58	78.4	75.5	75.0
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		62	83.8	75.3	76.9
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		60	81.1	71.4	69.4
Residents on individually written bowel and bladder retraining program.		0	0.0	2.3	4.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		53	71.6	44.1	39.1
Completely bedfast residents.		10	13.5	10.9	3.2
Residents confined to chairs.		46	62.2	54.2	52.3
Residents requiring restraints.		33	44.6	35.7	40.4
Confused or disoriented residents.		38	51.4	59.5	58.6
Residents with bed sores.		13	17.6	9.2	7.6
Residents receiving special skin care.		52	70.3	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F190 F191* F227 F251 F258 F259

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **RIVER OAKS CARE CENTER**

Street Address: 100 BAILEY		City and State: WICHITA FALLS, TX 76301	
Participation: MEDICAID ICF	# of Beds: 58	Type of Ownership: PROPRIETARY	Survey Date: 05/25/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
41	0	38			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		29	70.7	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		25	61.0	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		31	75.6	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		41	100	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		26	63.4	62.2	59.1
Residents on individually written bowel and bladder retraining program.		26	63.4	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		6	14.6	33.4	30.4
Completely bedfast residents.		0	0.0	6.6	2.8
Residents confined to chairs.		20	48.8	50.2	40.9
Residents requiring restraints.		2	4.9	30.9	30.9
Confused or disoriented residents.		31	75.6	59.1	55.4
Residents with bed sores.		5	12.2	5.7	4.8
Residents receiving special skin care.		41	100	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F084 F085* F102 F128*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **TEXHOMA CHRISTIAN CARE CENTER**

Street Address: 300 LOOP II		City and State: WICHITA FALLS, TX 76305	
Participation: MEDICAID ICF	# of Beds: 151	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 08/10/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
149	0	89			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		105	70.5	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		112	75.2	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		94	63.1	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		83	55.7	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		95	63.8	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		34	22.8	33.4	30.4
Completely bedfast residents.		33	22.1	6.6	2.8
Residents confined to chairs.		33	22.1	50.2	40.9
Residents requiring restraints.		63	42.3	30.9	30.9
Confused or disoriented residents.		100	67.1	59.1	55.4
Residents with bed sores.		9	6.0	5.7	4.8
Residents receiving special skin care.		10	6.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.						
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	NOT MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F052*	F084	F085*	F099	F102	F117	F119	F125*
F127*	F128*	F134	F168*	F169	F170	F224	F227
F235	F236	F256	F259	F260	F261	F294	F325
F332*	F344	F346	F348	F349	F359		

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **UNIVERSITY PARK HERITAGE MANOR**

Street Address: 4511 COLORADO STREET		City and State: WICHITA FALLS, TX 76310	
Participation: MEDICAID ICF	# of Beds: 100	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 09/21/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
89		0		57			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				78	87.6	81.3	78.5
Dressing							
Residents requiring some or total assistance in dressing.				78	87.6	78.0	76.5
Toileting							
Residents requiring some or total assistance in toileting.				61	68.5	66.3	63.4
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				74	83.1	68.5	67.1
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				64	71.9	62.2	59.1
Residents on individually written bowel and bladder retraining program.				0	0.0	2.5	5.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				26	29.2	33.4	30.4
Completely bedfast residents.				6	6.7	6.6	2.8
Residents confined to chairs.				46	51.7	50.2	40.9
Residents requiring restraints.				39	43.8	30.9	30.9
Confused or disoriented residents.				73	82.0	59.1	55.4
Residents with bed sores.				15	16.9	5.7	4.8
Residents receiving special skin care.				30	33.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F082	F115	F117	F119	F128*	F169	F170	F184
F190	F191*	F224	F260	F261	F262	F263	F314
F332*	F346						

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WICHITA FALLS CONVALESCENT CENTER

Street Address:
1501 7TH STREET

City and State:
WICHITA FALLS, TX 76301

Participation:
MEDICAID ICF

of Beds:
110

Type of Ownership:
PROPRIETARY

Survey Date:
12/20/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:

54

Medicare Residents:

0

Medicaid Residents:

45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

Bathing

Residents requiring some or total assistance in bathing.

52	96.3	81.3	78.5
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Dressing

Residents requiring some or total assistance in dressing.

43	79.6	78.0	76.5
----	------	------	------

Toileting

Residents requiring some or total assistance in toileting.

34	63.0	66.3	63.4
----	------	------	------

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

35	64.8	68.5	67.1
----	------	------	------

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

37	68.5	62.2	59.1
----	------	------	------

Residents on individually written bowel and bladder retraining program.

0	0.0	2.5	5.0
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Eating

Residents receiving tube feedings or requiring assistance with eating.

20	37.0	33.4	30.4
----	------	------	------

Completely bedfast residents.

10	18.5	6.6	2.8
----	------	-----	-----

Residents confined to chairs.

20	37.0	50.2	40.9
----	------	------	------

Residents requiring restraints.

22	40.7	30.9	30.9
----	------	------	------

Confused or disoriented residents.

45	83.3	59.1	55.4
----	------	------	------

Residents with bed sores.

6	11.1	5.7	4.8
---	------	-----	-----

Residents receiving special skin care.

7	13.0	21.2	23.5
---	------	------	------

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F186 F285 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WOOD CONVALESCENT CENTER

Street Address: 2400 SOUTHWEST PARKWAY		City and State: WICHITA FALLS, TX 76308	
Participation: MEDICAID ICF	# of Beds: 98	Type of Ownership: PROPRIETARY	Survey Date: 02/16/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	Medicare Residents: 0	Medicaid Residents: 36			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		35	92.1	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		32	84.2	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		28	73.7	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		26	68.4	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		34	89.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		15	39.5	33.4	30.4
Completely bedfast residents.		3	7.9	6.6	2.8
Residents confined to chairs.		23	60.5	50.2	40.9
Residents requiring restraints.		17	44.7	30.9	30.9
Confused or disoriented residents.		18	47.4	59.1	55.4
Residents with bed sores.		3	7.9	5.7	4.8
Residents receiving special skin care.		6	15.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	NOT MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	NOT MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	44	6.0	996	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	NOT MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F057	F059	F117	F126	F128*	F184	F191*	F196*
F224	F242*	F243	F244	F314			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WILLIS CONVALESCENT CENTER

Street Address: 3000 NORTH DANVILLE RD BOX 247		City and State: WILLIS, TX 77378	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 114	Type of Ownership: PROPRIETARY	Survey Date: 07/27/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
95	8	73		
		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		70	73.7	85.5
Dressing				
Residents requiring some or total assistance in dressing.		91	95.8	85.0
Toileting				
Residents requiring some or total assistance in toileting.		62	65.3	75.5
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		74	77.9	75.3
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		62	65.3	71.4
Residents on individually written bowel and bladder retraining program.		2	2.1	2.3
Eating				
Residents receiving tube feedings or requiring assistance with eating.		33	34.7	44.1
Completely bedfast residents.		12	12.6	10.9
Residents confined to chairs.		41	43.2	54.2
Residents requiring restraints.		45	47.4	35.7
Confused or disoriented residents.		71	74.7	59.5
Residents with bed sores.		11	11.6	9.2
Residents receiving special skin care.		15	15.8	24.7

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	N/A	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	N/A	NOT MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	N/A	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	NOT MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	N/A	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	N/A	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	NOT MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	NOT MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	N/A	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	NOT MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085*	F100	F126	F127*	F134	F135	F237*	F242*
F259	F262	F264	F321	F345*			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE FREE STATE CRESTWOOD INC

Street Address: 1448 HOUSTON ST		City and State: WILLS POINT, TX 75169	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 07/19/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120		Medicare Residents: 0		Medicaid Residents: 90	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		94	78.3	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		97	80.8	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		84	70.0	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		88	73.3	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		81	67.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		57	47.5	33.4	30.4
Completely bedfast residents.		24	20.0	6.6	2.8
Residents confined to chairs.		54	45.0	50.2	40.9
Residents requiring restraints.		41	34.2	30.9	30.9
Confused or disoriented residents.		94	78.3	59.1	55.4
Residents with bed sores.		13	10.8	5.7	4.8
Residents receiving special skin care.		82	68.3	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F132* F134 F135 F191* F199 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE LOCUST GROVE NH

Street Address: ROUTE 5 BOX 393		City and State: WILLS POINT, TX 75169	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 12/14/88
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	Medicare Residents: 0	Medicaid Residents: 38			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		54	94.7	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		44	77.2	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		40	70.2	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		26	45.6	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		35	61.4	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		15	26.3	33.4	30.4
Completely bedfast residents.		14	24.6	6.6	2.8
Residents confined to chairs.		9	15.8	50.2	40.9
Residents requiring restraints.		10	17.5	30.9	30.9
Confused or disoriented residents.		50	87.7	59.1	55.4
Residents with bed sores.		1	1.8	5.7	4.8
Residents receiving special skin care.		13	22.8	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.6
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.						
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F288 F298

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE DEER CREEK NURSING CENTER

Street Address: ROUTE 2 BOX 6		City and State: WIMBERLY, TX 78676	
Participation: MEDICAID ICF	# of Beds: 122	Type of Ownership: PROPRIETARY	Survey Date: 04/14/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
49	0	22			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		42	85.7	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		42	85.7	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		33	67.3	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		29	59.2	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		31	63.3	62.2	59.1
Residents on individually written bowel and bladder retraining program.		2	4.1	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		12	24.5	33.4	30.4
Completely bedfast residents.		0	0.0	6.6	2.8
Residents confined to chairs.		27	55.1	50.2	40.9
Residents requiring restraints.		27	55.1	30.9	30.9
Confused or disoriented residents.		30	61.2	59.1	55.4
Residents with bed sores.		1	2.0	5.7	4.8
Residents receiving special skin care.		1	2.0	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	26	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS NOT CITED FOR ANY DEFICIENCIES IN ITS MOST RECENT SURVEY.

NURSING HOME PROFILE WHISPERING PINES

Street Address: 910 BEECH ST		City and State: WINNSBORO, TX 75494	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 10/18/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	Medicare Residents: 0	Medicaid Residents: 57			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		66	93.0	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		59	83.1	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		49	69.0	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		49	69.0	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		49	69.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		11	15.5	33.4	30.4
Completely bedfast residents.		3	4.2	6.6	2.8
Residents confined to chairs.		24	33.8	50.2	40.9
Residents requiring restraints.		18	25.4	30.9	30.9
Confused or disoriented residents.		22	31.0	59.1	55.4
Residents with bed sores.		4	5.6	5.7	4.8
Residents receiving special skin care.		12	16.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	NOT MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	NOT MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F052*	F085*	F125*	F127*	F128*	F131*	F191*	F196*
F199	F224	F227	F250	F255	F277	F285	F289
F294	F316	F330	F332*	F346			

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WINNSBORO NURSING HOME

Street Address: 402 S CHESTNUT ST		City and State: WINNSBORO, TX 75494	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 03/29/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:			
51	0		40			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE		NATION	
	#	%	#	%	#	%
Bathing						
Residents requiring some or total assistance in bathing.	35	68.6	81.3		78.5	
Dressing						
Residents requiring some or total assistance in dressing.	32	62.7	78.0		76.5	
Toileting						
Residents requiring some or total assistance in toileting.	25	49.0	66.3		63.4	
Transferring						
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	51.0	68.5		67.1	
Continence						
Residents with catheters or partial or total loss of bowel or bladder control.	27	52.9	62.2		59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5		5.0	
Eating						
Residents receiving tube feedings or requiring assistance with eating.	14	27.5	33.4		30.4	
Completely bedfast residents.	14	27.5	6.6		2.8	
Residents confined to chairs.	13	25.5	50.2		40.9	
Residents requiring restraints.	5	9.8	30.9		30.9	
Confused or disoriented residents.	16	31.4	59.1		55.4	
Residents with bed sores.	3	5.9	5.7		4.8	
Residents receiving special skin care.	5	9.8	21.2		23.5	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F128* F129* F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE WINNWOOD NURSING HOME

Street Address: 502 E COKE RD		City and State: WINNSBORO, TX 75494	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 05/31/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	Medicare Residents: 0	Medicaid Residents: 19	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	97.4	81.3	78.5
Dressing				
Residents requiring some or total assistance in dressing.	35	89.7	78.0	76.5
Toileting				
Residents requiring some or total assistance in toileting.	32	82.1	66.3	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	79.5	68.5	67.1
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	71.8	62.2	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	25.6	33.4	30.4
Completely bedfast residents.	2	5.1	6.6	2.8
Residents confined to chairs.	23	59.0	50.2	40.9
Residents requiring restraints.	20	51.3	30.9	30.9
Confused or disoriented residents.	15	38.5	59.1	55.4
Residents with bed sores.	7	17.9	5.7	4.8
Residents receiving special skin care.	9	23.1	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	NOT MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F125*	F127*	F128*	F139	F191*	F250	F256	F262
F314	F346	F349					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SENIOR CITIZENS NH

Street Address: 506 VAN NESS ST		City and State: WINTERS, TX 79567	
Participation: MEDICAID ICF	# of Beds: 48	Type of Ownership: PROPRIETARY	Survey Date: 05/10/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:		Medicaid Residents:		
44	0		32		
	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	21	47.7	81.3	78.5	
Dressing					
Residents requiring some or total assistance in dressing.	34	77.3	78.0	76.5	
Toileting					
Residents requiring some or total assistance in toileting.	30	68.2	66.3	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	72.7	68.5	67.1	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	37	84.1	62.2	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	2.5	5.0	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	18	40.9	33.4	30.4	
Completely bedfast residents.	3	6.8	6.6	2.8	
Residents confined to chairs.	25	56.8	50.2	40.9	
Residents requiring restraints.	10	22.7	30.9	30.9	
Confused or disoriented residents.	21	47.7	59.1	55.4	
Residents with bed sores.	6	13.6	5.7	4.8	
Residents receiving special skin care.	23	52.3	21.2	23.5	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	NOT MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	NOT MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	NOT MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F099	F102	F125*	F127*	F128*	F129*	F130	F131*
F134	F139	F168*	F169	F170	F182	F184	F186
F224	F249	F260	F261	F287	F289	F294	F297
F316	F344	F346					

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE SMITHS NURSING HOME

Street Address: 300 CROCKETT ST		City and State: WOLFE CITY, TX 75496	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 07/26/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	Medicare Residents: 0	Medicaid Residents: 41		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		55	94.8	81.3
Dressing				
Residents requiring some or total assistance in dressing.		55	94.8	78.0
Toileting				
Residents requiring some or total assistance in toileting.		31	53.4	66.3
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		33	56.9	68.5
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		28	48.3	62.2
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5
Eating				
Residents receiving tube feedings or requiring assistance with eating.		20	34.5	33.4
Completely bedfast residents.		1	1.7	6.6
Residents confined to chairs.		28	48.3	50.2
Residents requiring restraints.		18	31.0	30.9
Confused or disoriented residents.		23	39.7	59.1
Residents with bed sores.		3	5.2	5.7
Residents receiving special skin care.		3	5.2	21.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F224

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE HOLIDAY PINES MANOR

Street Address: 1201 CARDINAL DRIVE		City and State: WOODVILLE, TX 75979	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 112	Type of Ownership: PROPRIETARY	Survey Date: 12/14/88

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	Medicare Residents: 0	Medicaid Residents: 57		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	86.0	85.5	82.0
Dressing				
Residents requiring some or total assistance in dressing.	67	77.9	85.0	84.0
Toileting				
Residents requiring some or total assistance in toileting.	71	82.6	75.5	75.0
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	82.6	75.3	76.9
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	82.6	71.4	69.4
Residents on individually written bowel and bladder retraining program.	5	5.8	2.3	4.0
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	58.1	44.1	39.1
Completely bedfast residents.	2	2.3	10.9	3.2
Residents confined to chairs.	44	51.2	54.2	52.3
Residents requiring restraints.	16	20.9	35.7	40.4
Confused or disoriented residents.	56	65.1	59.5	58.6
Residents with bed sores.	71	82.6	9.2	7.6
Residents receiving special skin care.	38	44.2	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	NOT MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	MET	62	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	NOT MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F124 F140 F293* F294 F321

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **WOODVILLE CONVALESCENT CENTER**

Street Address: 102 N BEACH		City and State: WOODVILLE, TX 75979	
Participation: MEDICAID ICF	# of Beds: 98	Type of Ownership: PROPRIETARY	Survey Date: 03/10/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
92	0	56			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		62	67.4	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		74	80.4	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		57	62.0	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		68	73.9	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		60	65.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		23	25.0	33.4	30.4
Completely bedfast residents.		22	23.9	6.6	2.8
Residents confined to chairs.		36	39.1	50.2	40.9
Residents requiring restraints.		23	25.0	30.9	30.9
Confused or disoriented residents.		40	43.5	59.1	55.4
Residents with bed sores.		4	4.3	5.7	4.8
Residents receiving special skin care.		20	21.7	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	NOT MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	NOT MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	NOT MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F126 F127* F128* F173* F259

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE LEISURE LODGE WORTHAM

Street Address: TWIN CIRCLE ADDITION		City and State: WORTHAM, TX 76693	
Participation: MEDICAID ICF	# of Beds: 102	Type of Ownership: PROPRIETARY	Survey Date: 01/27/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	Medicare Residents: 0	Medicaid Residents: 45			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		46	75.4	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		46	75.4	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		31	50.8	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		31	50.8	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		36	59.0	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		19	31.1	33.4	30.4
Completely bedfast residents.		9	14.8	6.6	2.8
Residents confined to chairs.		27	44.3	50.2	40.9
Residents requiring restraints.		18	29.5	30.9	30.9
Confused or disoriented residents.		39	63.9	59.1	55.4
Residents with bed sores.		2	3.3	5.7	4.8
Residents receiving special skin care.		19	31.1	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	NOT MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.						
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F119 F132* F170 F261 F287 F289 F332* F346

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE HILLCREST MANOR NURSING HOME

Street Address: 300 E BROWN ST PO BOX 550		City and State: WYLIE, TX 75098	
Participation: MEDICAID ICF	# of Beds: 102	Type of Ownership: PROPRIETARY	Survey Date: 02/10/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? YES

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	Medicare Residents: 0	Medicaid Residents: 59			
		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		68	76.4	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		69	77.5	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		69	77.5	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		69	77.5	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		50	56.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		37	41.6	33.4	30.4
Completely bedfast residents.		15	16.9	6.6	2.8
Residents confined to chairs.		41	46.1	50.2	40.9
Residents requiring restraints.		25	28.1	30.9	30.9
Confused or disoriented residents.		44	49.4	59.1	55.4
Residents with bed sores.		5	5.6	5.7	4.8
Residents receiving special skin care.		41	46.1	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	N/A	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	N/A	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	N/A	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	N/A	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	N/A	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	N/A	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	N/A	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	N/A	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	N/A	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	N/A	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	N/A	NOT MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	N/A	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	N/A	NOT MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	N/A	NOT MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	N/A	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	N/A	MET	77	10.4	620	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	N/A	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	N/A	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	N/A	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	N/A	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	N/A	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	N/A	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	N/A	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	N/A	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	N/A	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	N/A	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	N/A	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	N/A	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	N/A	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	N/A	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	N/A	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F125* F128* F129* F294 F314 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE STEVENS NURSING HOME

Street Address: 205 WALTER ST		City and State: YOAKUM, TX 77995	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 106	Type of Ownership: PROPRIETARY	Survey Date: 01/26/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
106		7		72			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing				88	83.0	85.5	82.0
Residents requiring some or total assistance in bathing.							
Dressing				87	82.1	85.0	84.0
Residents requiring some or total assistance in dressing.							
Toileting				86	81.1	75.5	75.0
Residents requiring some or total assistance in toileting.							
Transferring				86	81.1	75.3	76.9
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.							
Continence				81	76.4	71.4	69.4
Residents with catheters or partial or total loss of bowel or bladder control.							
Residents on individually written bowel and bladder retraining program.				0	0.0	2.3	4.0
Eating				57	53.8	44.1	39.1
Residents receiving tube feedings or requiring assistance with eating.							
Completely bedfast residents.				14	13.2	10.9	3.2
Residents confined to chairs.				70	66.0	54.2	52.3
Residents requiring restraints.				68	64.2	35.7	40.4
Confused or disoriented residents.				86	81.1	59.5	58.6
Residents with bed sores.				4	3.8	9.2	7.6
Residents receiving special skin care.				106	100	24.7	31.4

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	6	1.7	225	2.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	2	0.6	441	4.3
Each resident is free from mental and physical abuse.	MET	MET	2	0.6	142	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	6	1.7	911	8.9
Each resident is given privacy during treatment and care of personal needs.	MET	NOT MET	55	15.2	1511	14.7
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	4	1.1	45	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	1	0.3	298	2.9
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	1	0.3	48	0.5
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	1	0.3	151	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	2	0.6	70	0.7
Nursing services are provided at all times to meet the needs of residents.	MET	MET	38	10.5	631	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	82	22.7	2623	25.5
Each resident receives care necessary to prevent skin breakdown.	MET	MET	74	20.5	1944	18.9
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	28	7.8	1160	11.3
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	23	6.4	1757	17.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	54	15.0	2034	19.8

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	27	7.5	1528	14.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	28	7.8	2029	19.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	16	4.4	1395	13.6
Drugs are administered according to the written orders of the attending physician.	MET	MET	107	29.6	2492	24.2
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	14	3.9	1356	13.2
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	4	1.1	568	5.5
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	12	3.3	917	8.9
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	29	8.0	1551	15.1
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	29	8.0	1319	12.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	19	5.3	1156	11.2
All common resident areas are clean, sanitary and free of odors.	MET	MET	19	5.3	981	9.5
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	45	12.5	1411	13.7
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	22	6.1	1452	14.1
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	12	3.3	2140	20.8
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	23	6.4	760	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	MET	88	24.4	3729	36.3

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F085* F289

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE **YOAKUM MEM NURSING HOME**

Street Address: HWY 77A DRAWER 512		City and State: YOAKUM, TX 77995	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 07/06/89

Compliance Action:

If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.

COMPLIANCE ACTION?

NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:			
58		0		37			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				56	96.6	81.3	78.5
Dressing							
Residents requiring some or total assistance in dressing.				40	69.0	78.0	76.5
Toileting							
Residents requiring some or total assistance in toileting.				21	36.2	66.3	63.4
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				47	81.0	68.5	67.1
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				21	36.2	62.2	59.1
Residents on individually written bowel and bladder retraining program.				2	3.4	2.5	5.0
Eating							
Residents receiving tube feedings or requiring assistance with eating.				13	22.4	33.4	30.4
Completely bedfast residents.				0	0.0	6.6	2.8
Residents confined to chairs.				24	41.4	50.2	40.9
Residents requiring restraints.				19	32.8	30.9	30.9
Confused or disoriented residents.				25	43.1	59.1	55.4
Residents with bed sores.				0	0.0	5.7	4.8
Residents receiving special skin care.				58	100	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	MET	19	2.6	352	6.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	MET	48	6.5	683	12.9
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	MET	20	2.7	345	6.5
Drugs are administered according to the written orders of the attending physician.	MET	MET	184	24.9	1194	22.6
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	MET	44	6.0	998	18.9
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	MET	2	0.3	278	5.3
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	MET	33	4.5	299	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	MET	31	4.2	594	11.2
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	MET	37	5.0	322	6.1
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	MET	44	6.0	837	15.8
All common resident areas are clean, sanitary and free of odors.	MET	MET	63	8.5	1089	20.6
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	MET	56	7.6	269	5.1
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	NOT MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility, you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F169 F182 F199 F296 F316 F332*

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

NURSING HOME PROFILE YORKTOWN MANOR

Street Address: 670 W 4TH ST		City and State: YORKTOWN, TX 78164	
Participation: MEDICAID ICF	# of Beds: 92	Type of Ownership: PROPRIETARY	Survey Date: 06/29/89
Compliance Action: If there has been any Federal/State compliance action completed against this facility as a result of the findings of either of the last two surveys, please refer to page V (Sources of Information) in the introductory materials of this volume.			COMPLIANCE ACTION? NO

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	Medicare Residents: 0	Medicaid Residents: 61			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		76	87.4	81.3	78.5
Dressing					
Residents requiring some or total assistance in dressing.		73	83.9	78.0	76.5
Toileting					
Residents requiring some or total assistance in toileting.		59	67.8	66.3	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		66	75.9	68.5	67.1
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		50	57.5	62.2	59.1
Residents on individually written bowel and bladder retraining program.		6	6.9	2.5	5.0
Eating					
Residents receiving tube feedings or requiring assistance with eating.		27	31.0	33.4	30.4
Completely bedfast residents.		1	1.1	6.6	2.8
Residents confined to chairs.		65	74.7	50.2	40.9
Residents requiring restraints.		20	23.0	30.9	30.9
Confused or disoriented residents.		45	51.7	59.1	55.4
Residents with bed sores.		1	1.1	5.7	4.8
Residents receiving special skin care.		13	14.9	21.2	23.5

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in similar facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
			STATE		NATION	
			#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	MET	8	1.1	64	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	MET	3	0.4	176	3.3
Each resident is free from mental and physical abuse.	MET	MET	4	0.5	71	1.3
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	MET	18	2.4	568	10.7
Each resident is given privacy during treatment and care of personal needs.	MET	MET	114	15.4	716	13.5
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	MET	10	1.4	22	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	MET	0	0.0	70	1.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	MET	2	0.3	19	0.4
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	MET	2	0.3	28	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	MET	1	0.1	15	0.3
Nursing services are provided at all times to meet the needs of residents.	MET	MET	60	8.1	315	6.0
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	MET	157	21.3	960	18.2
Each resident receives care necessary to prevent skin breakdown.	MET	MET	129	17.5	677	12.8
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	MET	32	4.3	383	7.2
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	MET	36	4.9	955	18.1
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	MET	77	10.4	820	15.5

SELECTED PERFORMANCE INDICATORS

Reminder: The selected performance indicators represent only 32 of the more than 500 distinct requirements a facility must meet. A list of the requirements that most directly affect resident care and that were not met by the facility during its most recent survey follows this section of the profile. Remember that deficiency information does not necessarily reflect the severity or duration of problems. A deficiency may represent an on-going problem or a one-time failure of a single staff person.

Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.

Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.

Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.

Drugs are administered according to the written orders of the attending physician.

Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.

Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.

Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.

An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.

Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.

Toilet and bath facilities are clean, sanitary, and free of odors.

All common resident areas are clean, sanitary and free of odors.

All essential mechanical and electrical equipment is maintained in safe operating condition.

Resident care equipment is clean and maintained in safe operating condition.

Isolation techniques to prevent the spread of infection are followed by all personnel.

The facility has available at all times a quantity of linen essential for proper care and comfort of residents.

Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.

FACILITY MET/ NOT MET 87/88	FACILITY MET/ NOT MET 88/89	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS 88/89			
		STATE		NATION	
		#	%	#	%
MET	MET	19	2.6	352	6.7
MET	MET	48	6.5	683	12.9
MET	MET	20	2.7	345	6.5
MET	MET	184	24.9	1194	22.6
MET	MET	44	6.0	998	18.9
MET	MET	2	0.3	278	5.3
MET	MET	33	4.5	299	5.7
MET	MET	31	4.2	594	11.2
MET	MET	37	5.0	322	6.1
MET	MET	44	6.0	837	15.8
MET	MET	63	8.5	1089	20.6
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	0	0.0	0	0.0
MET	MET	56	7.6	289	5.1
MET	MET	189	25.6	2043	38.6

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

LISTING OF FACILITY DEFICIENCIES

Listed below are the deficiency code numbers for each of the Federal requirements that most directly affect resident care and that were not met by the facility during its most recent survey. A copy of the form used by the surveyors to report their findings can be found at the end of this volume. To determine the nature of any requirement listed below, consult the form and match the listed code number(s) with the number(s) located in the left-hand column of the survey report form. For more information about the specific problems found in this facility you may wish to contact the State survey agency or the State ombudsman.

THIS FACILITY WAS CITED FOR THE FOLLOWING DEFICIENCIES IN ITS MOST RECENT SURVEY:

F261

NOTE: AN * INDICATES THAT THE LISTED DEFICIENCY IS AMONG THE 32 SELECTED PERFORMANCE INDICATORS

PART B

MEDICARE / MEDICAID SKILLED NURSING FACILITY AND INTERMEDIATE CARE FACILITY SURVEY REPORT

PROVIDER NUMBER

FACILITY NAME AND ADDRESS (City, State, Zip Code)

VENDOR NUMBER

SURVEY DATE

SURVEYORS' NAMES

TITLES

SURVEY TEAM COMPOSITION

F1 Indicate the Number of Surveyors According to Discipline

- A. ☐ Administrator
B. ☐ Nurse
C. ☐ Dietitian
D. ☐ Pharmacist
E. ☐ Records Administrator
F. ☐ Social Worker
G. ☐ Qualification Interpretation Professional

- H. ☐ Life Safety Code Specialist
I. ☐ Laboratorian
J. ☐ Sanitarian
K. ☐ Therapist
L. ☐ Physician
M. ☐ Psychologist
N. ☐ Other

Note: More than one discipline may be marked for surveyors qualified in multiple disciplines.

Indicate the Total Number of Surveyors Onsite: _____

Form HCA-99 (7-88)

(CONTINUED ON REVERSE)

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

PROVIDER NO. _____		☐ F3 MEDICARE	☐ F4 MEDICAID	☐ F5 OTHER	F6 TOTAL RESIDENTS _____
CODE		CODE			
	BATHING		CONTINENCE		
F7	___ Number of residents requiring assistance in bathing more than one part of body—or does not bathe self.	F22	___ Number of residents with indwelling or external catheters.		
F8	___ Number of residents requiring assistance in bathing only a single part (as back or disabled extremity) or bathes self completely.	F23	___ Number of residents with partial or total incontinence in urination or defecation—partial or total control by suppositories or enemas, regulated use of urinals and/or bedpans.		
F9	___ TOTAL*	F24	___ Number of residents with urination and defecation entirely self-controlled.		
	DRESSING	F25	___ TOTAL*		
F10	___ Number of residents totally dressed by another person.		FEEDING		
F11	___ Number of residents needing assistance to dress self or remain partly dressed. (Exclude those residents totally dressed.)	F26	___ Number of residents who receive enteral/parenteral feedings.		
F12	___ Number of residents able to get clothes from closets and drawers—puts on clothes, outer garments, braces—manages fasteners. Act of tying shoes is excluded.	F27	___ Number of residents who receive NG tube feedings.		
F13	___ TOTAL*	F28	___ Number of residents who require assistance in act of eating.		
	TOILETING	F29	___ Number of residents who get food from plate or its equivalent into mouth—(pre-cutting of meat and preparation of food, buttering bread, opening cartons, removing plate covers, etc., are excluded from evaluation).		
F14	___ Number of residents not toileted. (Use protective padding, catheter.)	F30	___ TOTAL*		
F15	___ Number of residents who must use a bedpan or commode and/or receive assistance in getting to and using a toilet.	F31	___ Number of completely bedfast residents.		
F16	___ Number of residents able to get to toilet—gets on and off toilet—cleans self—arranges clothes.	F32	___ Number of chairbound residents.		
F17	___ TOTAL*	F33	___ Number of ambulatory residents (may use cane, walker, or crutches).		
	TRANSFERRING	F34	___ Number of physically restrained residents (belt, vest, cuffs).		
F18	___ Number of residents needing assistance in all transfers (moving in or out of bed and/or chair, toilet, tub transfers).	F35	___ Number of residents receiving psychotropic drugs.		
F19	___ Number of residents needing assistance in transferring to toilet and tub only.	F36	___ Number of confused or disoriented residents.		
F20	___ Number of residents able to complete all transfers independently (may or may not be using mechanical supports).	F37	___ Number of residents with decubiti.		
F21	___ TOTAL*	F38	___ Number of residents on individually written bowel and bladder retraining program.		
		F39	___ Number of residents receiving special skin care.		
		F40	___ Number of residents receiving intravenous therapy and/or blood transfusion.		
		F41	___ Number of residents requiring no assistance in ADLs.		
		F42	___ Number of residents on self-administration of drugs.		
		F43	___ Number of resident with contractures.		
		F44	___ Number of residents receiving respiratory care.		
		F45	___ Number of residents receiving tracheostomy care.		
		F46	___ Number of residents receiving suctioning.		
		F47	___ Number of residents receiving rehabilitative services (physical therapy, speech pathology and audiology, occupational therapy).		
		F48	___ Number of residents receiving injections.		
		F49	___ Number of residents receiving colostomy care.		

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NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	GOVERNING BODY (CONDITION OF PARTICIPATION)				
F50	SNF (405.1121) ☐ MET ☐ NOT MET				
	RESIDENT RIGHTS				
F51	SNF (405.1121(k)) (Standard) ☐ MET ☐ NOT MET indicators A thru K apply to this standard for SNFs				
F52	ICF (442.311) (Standard) ☐ MET ☐ NOT MET Indicators A thru K apply to this standard for ICFs				
	A. Information				
F53	1. The facility informs each resident, before or at the time of admission, of his/her rights and responsibilities.				
F54	2. The facility informs each resident, before or at the time of admission, of all rules governing resident conduct.				
F55	3. The facility informs each resident of amendments to their policies on residents' rights and responsibilities and rules governing conduct.				
F56	4. Each resident acknowledges in writing receipt of residents' rights information and any amendment to it.				
F57	5. The resident must be informed in writing of all services and charges for services.				
F58	6. The resident must be informed in writing of all changes in services and charges before or at the time of admission and on a continuing basis.				
F59	7. The resident must be informed of services not covered by Medicare or Medicaid and not covered in the basic rate.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Medical Condition and Treatment				
F60	1. Each resident is informed by a physician of his/her health and medical condition unless the physician decides that informing the resident is medically contraindicated.				
F61	2. Each resident is given an opportunity to participate in planning his/her total care and medical treatment.				
F62	3. Each resident is given an opportunity to refuse treatment.				
F63	4. Each resident gives informed, written consent before participating in experimental research.				
F64	5. If the physician decides that informing the resident of his/her health and medical condition is medically contraindicated, the physician has documented this decision in the resident's medical record.				
	C. Transfer and Discharge				
	Each resident is transferred or discharged only for:				
F65	1. Medical reasons.				
F66	2. His/her welfare or that of other residents.				
F67	3. Nonpayment except as prohibited by the Medicare or Medicaid program.				
F68	4. Each resident is given reasonable advance notice to ensure orderly transfer or discharge. Exception: Not required for ICF residents.				
	D. Exercising Rights				
F69	1. Each resident is encouraged and assisted to exercise his/her rights as a resident of the facility and as a citizen.				
F70	2. Each resident is allowed to submit complaints and recommendations concerning the policies and services of the facility to staff or to outside representatives of the resident's choice or both.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F71	3. Such complaints are submitted free from restraint, coercion, discrimination, or reprisal.				
	E. Financial Affairs				
F72	1. Residents are allowed to manage their own personal financial affairs.				
F73	2. The facility establishes and maintains a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility at least on a quarterly basis.				
F74	3. The facility does not commingle resident funds with any other funds.				
F75	4. If a resident requests assistance from the facility in managing his/her personal financial affairs, resident's delegation is in writing.				
F76	5. The facility system of accounting includes written receipts for: All personal possessions and funds received by or deposited with the facility.				
F77	All disbursements made to or for the resident.				
F78	6. The financial record must be available to the resident and his/her family.				
	F. Freedom from Abuse and Restraints				
F79	1. Each resident is free from mental and physical abuse.				
F80	2. Chemical and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.				

ATLANTIC PANGLOSS

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
F81	3. If used in emergencies, they are necessary to protect the resident from injury to himself/herself or others.				
F82	4. The emergency use is authorized by a professional staff member identified in the written policies and procedures of the facility.				
F83	5. The emergency use is reported promptly to the resident's physician by the staff member.				
	G. Privacy				
F84	1. Each resident is treated with respect, consideration and full recognition of his/her dignity and individuality.				
F85	2. Each resident is given privacy during treatment and care of personal needs.				
F86	3. Each resident's records, including information in an automated data bank, are treated confidentially.				
F87	4. Each resident must give written consent before the facility releases information from his/her record to someone not otherwise authorized to receive it.				
F88	5. Married residents are given privacy during visits by their spouses.				
F89	6. Married residents are permitted to share a room.				
	H. Work				
F90	No resident may be required to perform services for the facility.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	I. Freedom of Association and Correspondence				
F91	1. Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.				
F92	2. Each resident is allowed to send and receive personal mail unopened.				
	J. Activities				
F93	Each resident is allowed to participate in social, religious, and community group activities.				
	K. Personal Possessions				
F94	Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.				
	L. Delegation of Rights and Responsibilities				
F95	ICF (442.312) (Standard) ☐ MET ☐ NOT MET				
F96	1. All the rights and responsibilities of a resident pass to the resident's guardian, next of kin or sponsoring agency or agencies if the resident is adjudicated incompetent under State law or is determined by his/her physician to be incapable of understanding his/her rights and responsibilities.				
F97	2. Physician determinations of incapability and the specific reasons thereof are recorded by the physician in the resident's record.				

NAME OF FACILITY

CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	STAFF DEVELOPMENT				
F98	SNF (405.1121(h)) (Standard) ☐ MET ☐ NOT MET				
F99	ICF (442.314) (Standard) ☐ MET ☐ NOT MET				
F100	1. Facility staff are knowledgeable about the problems and needs of the aged, ill, and disabled.				
F101	2. Facility staff practices proper techniques in providing care to the aged, ill, and disabled.				
F102	3. Facility staff practice proper technique for prevention and control of infection, fire prevention and safety, accident prevention, confidentiality of resident information, and preservation of resident dignity, including protection of privacy and personal and property rights.				
	STATUS CHANGE NOTIFICATIONS				
F103	SNF (405.1121(j)) (Standard) ☐ MET ☐ NOT MET				
F104	ICF (442.307) (Standard) ☐ MET ☐ NOT MET				
F105	1. The facility notifies the resident's attending physician and other responsible persons in the event of an accident involving the resident, or other significant change in the resident's physical, mental, or emotional status, or resident charges, billings, and related administrative matters.				
F106	2. Except in a medical emergency, a resident is not transferred or discharged, nor is treatment altered radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.				

NAME OF FACILITY _____

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	PHYSICIANS' SERVICES (CONDITION OF PARTICIPATION)				
F107	SNF (405.1123) ☐ MET ☐ NOT MET				
	A. Medical Findings and Orders at Time of Admission				
F108	SNF (405.1123(a)) (Standard) ☐ MET ☐ NOT MET				
F109	1. There is made available to the facility prior to or at the time of admission, resident information which includes current medical findings, diagnoses, and orders from a physician for immediate care of the resident.				
F110	2. Information about the rehabilitation potential of the resident and a summary of prior treatment are made available to the facility at the time of admission or within 48 hours thereafter.				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Resident Supervision by Physician				
F111	SNF (405.1123(b)) (Standard) ☐ MET ☐ NOT MET				
F112	ICF (442.346) (Standard) ☐ MET ☐ NOT MET Indicators B and C apply to this standard for ICFs				
F113	1. Every resident must be under the supervision of a physician.				
F114	2. A physician prescribes a planned regimen of care based on a medical evaluation of each resident's immediate and long-term care needs. Exception: Not required for ICF residents				
F115	3. A physician is available to provide care in the absence of any resident's attending physician.				
F116	4. Medical evaluation is done within 48 hours of admission unless done within 5 days prior to admission. Exception: Not required for ICF residents.				
F117	5. Each resident is seen by their attending physician at least once every 30 days for the first 90 days after admission. Exception: ICF residents must be seen every 60 days unless otherwise justified and documented by the attending physician.				
F118	6. Each resident's total program of care including medications and treatments is reviewed during a visit by the attending physician at least once every 30 days for the first 90 days and revised as necessary. Exception: Only medications must be reviewed quarterly for ICF residents.				

NAME OF FACILITY

CODE	PHYSICIANS' SERVICES/NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F119	7. Progress notes are written and signed by the physician at the time of each visit, and all orders are signed by the physician.				
F120	8. Alternate physician visit schedules that exceed a 30-day schedule adopted after the 90th day following admission are justified by the attending physician in the medical record. These visits cannot exceed 60 days or apply to residents who require specialized rehabilitation schedules. Exception: Not required for ICF residents.				
F121	C. Emergency Services SNF (405.1123(c)) (Standard) ☐ MET ☐ NOT MET				
F122	Emergency services from a physician are available and provided to each resident who requires emergency care.				
	NURSING SERVICES (CONDITION OF PARTICIPATION)				
F123	SNF (405.1124) ☐ MET ☐ NOT MET				
F124	SNF (405.1124(c)) (Standard) ☐ MET ☐ NOT MET Indicators A and B apply to this standard for SNFs.				
F125	ICF (442.338) ☐ MET ☐ NOT MET Indicators A thru E apply to this standard for ICFs except where noted.				
F126	A. The facility provides nursing services which are sufficient to meet nursing needs of all residents all hours of each day. 1. Each resident receives all treatments, medications and diet as prescribed. Deviations are reported and appropriate action is taken.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F127	2. Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to engage in self care activity.				
F128	3. Each resident receives care necessary to prevent skin breakdown.				
F129	4. Each resident with a decubitus receives care necessary to promote the healing of the decubitus including proper dressing.				
F130	5. When residents require restraints the application is ordered by the physician, applied properly, and released at least every 2 hours.				
F131	6. Each resident with incontinence is provided with care necessary to encourage continence including frequent toileting and opportunities for rehabilitative training.				
F132	7. Each resident with a urinary catheter receives proper routine care including periodic evaluation.				
F133	8. Each resident receives proper care for the following needs: Injections Parenteral Fluids Colostomy/Ileostomy Respiratory Care Tracheostomy Care Suctioning Tube Feeding				
F134	9. Infection Control Techniques are properly carried out in the provision of care to each resident.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F135	10. Proper nursing and sanitary procedures and techniques are used when medications are given to residents.				
F136	11. Adequate resident care supplies are available for providing treatments.				
F137	B. Twenty-Four Hour Nursing Service 1. Nursing personnel, including registered nurses, licensed practical (vocational) nurses, nurse aides, orderlies, and ward clerks, are assigned duties consistent with their education and experience, and based on the characteristics of the resident load. Exception: Not required for ICFs.				
F138	2. Weekly time schedules are maintained and indicate the number and classifications of nursing personnel including relief personnel, who worked on each unit for each tour of duty. (If a distinct part certification, show the staffing for the DP and, if appropriate, any nonparticipating remainder and explain any sharing of nursing personnel.) Exception: Not required for Freestanding ICFs.				
F139	3. There is a sufficient number of nursing staff available to meet the total needs of all residents.				
F140	4. There is a registered nurse on the day tour of duty 7 days a week. Exception: Not required for ICF residents.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. Charge Nurse				
F141	SNF (405.1124(b)) (Standard) ☐ MET ☐ NOT MET				
F142	1. A registered nurse or a qualified licensed practical (or vocational) nurse is designated as charge nurse by the director of nursing for each tour of duty. Exception: Not required for ICFs.				
F143	2. The director of nursing services does not serve as charge nurse in a facility with an average daily total occupancy of 60 or more residents. Exception: Not required for ICFs.				
F144	3. The ICF must have a registered nurse, or a licensed practical or vocational nurse full-time, 7 days a week, on the day shift. Exception: Not required for SNFs.				

NAME OF FACILITY

List the number of full-time equivalents of RN's, LPN's, Aides/Orderlies assigned to nursing duty from the last 3 complete weeks. (Note only actual staff on duty.)

Shift	CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F145																				
	Entire Facility	F146																				
EVENING	DP	F147																				
	Entire Facility	F148																				
NIGHT	DP	F149																				
	Entire Facility	F150																				

Shift	CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP																					
	Entire Facility																					
EVENING	DP																					
	Entire Facility																					
NIGHT	DP																					
	Entire Facility																					

NAME OF FACILITY

Shift		CODE	Day 1			Day 2			Day 3			Day 4			Day 5			Day 6			Day 7		
			RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	DP	F151																					
	Entire Facility	F152																					
EVENING	DP	F153																					
	Entire Facility	F154																					
NIGHT	DP	F155																					
	Entire Facility	F156																					

STAFFING PATTERN WORKSHEETS DAY OF SURVEY (OPTIONAL)

ENTIRE FACILITY STAFFING PATTERN (DAY OF SURVEY)

	CODE		RN	PN	A
DAY	F157	REPORT			
	F158	ACTUAL			
EVENING	F159	REPORT			
	F160	ACTUAL			
NIGHT	F161	REPORT			
	F162	ACTUAL			

UNIT STAFFING PATTERN WORKSHEET (DAY OF SURVEY)

	CODE	Unit			Unit			Unit			Unit			Unit			Unit			Unit		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DAY	F163																					
EVENING	F164																					
NIGHT	F165																					
CENSUS	F166																					

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	D. Patient Care Management				
F167	SNF (405.1124(d)) (Standard) ☐ MET ☐ NOT MET				
F168	ICF (442.341) (Standard) ☐ MET ☐ NOT MET				
F169	1. Each resident's needs are addressed in a written plan of care which demonstrates that the plans of all services are integrated, consonant with the physician's plan of medical care, and implemented shortly after admission.				
F170	2. Each professional service identifies needs, goals, plans, and evaluates the effectiveness of interventions, plus institutes changes in the plan of care in a timely manner.				
	E. Rehabilitative Nursing Services are performed daily, and recorded for those residents who require such service.				
F171	SNF (405.1124(e)) (Standard) ☐ MET ☐ NOT MET				
F172	ICF (442.342) (Standard) ☐ MET ☐ NOT MET				
F173	1. Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent immobility, deformities, and contractures.				
F174	2. There is an ongoing evaluation of each resident's rehabilitative nursing needs. This may include;				
F175	(a) Range of motion, ambulation, turning and positioning and other activities;				
F176	(b) Assistance and instruction in the activities of daily living such as feeding, dressing, grooming, oral hygiene and toilet activities;				
F177	(c) Remotivation therapy and/or reality orientation when appropriate.				
F178	3. These activities are coordinated with other resident care services.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F179	F. The facility has an awareness of nutritional needs and fluid intake of residents and provides prompt assistance where necessary in feeding residents. SNF (405.1124(f)) (Standard) ☐ MET ☐ NOT MET				
F180	1. Each resident is provided with the amount of food and fluid on a daily basis necessary to maintain their appropriate minimum average weight. Between meal feedings are offered and the amount consumed is observed. Daily food and fluid intake is observed and encouraged.				
F181	2. Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.				
F182	3. Deviations from normal food and fluid intake are recorded and reported to the charge nurse and the attending physician.				

NAME OF FACILITY

CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	F. Administration of Drugs				
F183	SNF (405.1124(g)) (Standard) ☐ MET ☐ NOT MET				
F184	ICF (442.337) (Standard) ☐ MET ☐ NOT MET				
F185	1. The resident is identified prior to administration of a drug.				
F186	2. Drugs and biologicals are administered as soon as possible after doses are prepared.				
F187	3. Administered by same person who prepared the doses for administration except under single unit dose package distribution systems.				
F188	Exception: ICF residents may self administer medication only with their physician's permission.				
	H. Conformance with Physician Drug Orders				
F189	SNF (405.1124(h)) (Standard) ☐ MET ☐ NOT MET				
F190	ICF (442.334) (Standard) ☐ MET ☐ NOT MET				
F191	Drugs are administered in accordance with written orders of the attending physician.				
F192	Drug Error Rate _____ % (See Form HCFA-522)				

NAME OF FACILITY _____

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	DIETETIC SERVICES (CONDITION OF PARTICIPATION)				
F193	SNF (405.1125) ☐ MET ☐ NOT MET				
F194	ICF (442.332) (Standard) ☐ MET ☐ NOT MET indicators A and B apply to this standard for ICFs.				
	A. Menus and Nutritional Adequacy				
F195	SNF (405.1125(b)) (Standard) ☐ MET ☐ NOT MET				
F196	Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders and, to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.				
	B. Therapeutic Diets				
F197	SNF (405.1125(c)) (Standard) ☐ MET ☐ NOT MET				
F198	1. Therapeutic diets are prescribed by the attending physician.				
F199	2. Therapeutic menus are planned in writing, prepared, and served as ordered with supervision from the dietitian and advice from the physician whenever necessary.				
F200	Number of Regular Diets _____				
F201	Number of Therapeutic Diets _____				
F202	Number of Mechanically Altered Diets _____				
F203	Number of Tube Feedings _____				

NAME OF FACILITY

CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	C. Preparation				
F204	SNF (405.1125(e)) (Standard) ☐ MET ☐ NOT MET				
F205	1. Food is prepared by methods that conserve its nutritive value and flavor.				
F206	2. Meals are palatable, served at proper temperatures. They are cut, ground, chopped, pureed or in a form which meets individual resident needs.				
F207	3. If a resident refuses food served, appropriate substitutes of similar nutritive value are offered.				
	D. Frequency				
F208	SNF (405.1125(d)) (Standard) ☐ MET ☐ NOT MET				
F209	ICF (442.331) (Standard) ☐ MET ☐ NOT MET				
F210	1. At least three meals are served daily at regular hours with not more than a 14-hour span between a substantial evening meal and breakfast.				
F211	2. To the extent medically possible, bedtime nourishments are offered to all residents. Exception: Not required for ICF Residents.				
	E. Staffing				
F212	SNF (405.1125.(a)) (Standard) ☐ MET ☐ NOT MET				
F213	1. Food service personnel are on duty daily over a period of 12 or more hours.				

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	SPECIALIZED REHABILITATIVE SERVICES (CONDITION OF PARTICIPATION)				
F214	SNF (405.1126) ☐ MET ☐ NOT MET				
F215	SNF (405.1126(b)) (Standard) ☐ MET ☐ NOT MET				
F216	ICF (442.343) (Standard) ☐ MET ☐ NOT MET				
F217	A. Plan of Care Rehabilitative services are provided under a written plan of care, initiated by the attending physician and developed in consultation with appropriate therapist(s) and the nursing service.				
F218	B. Therapy Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.				
F219	C. Progress 1. A report of the resident's progress is communicated to the attending physician within 2 weeks of the initiation of specialized rehabilitative services. Exception: ICF resident's progress must be reviewed regularly.				

NAME OF FACILITY

CODE	SPECIALIZED REHABILITATIVE SERVICES/PHARMACEUTICAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F220	2. The resident's progress is thereafter reviewed regularly, and the plan of rehabilitative care is reevaluated as necessary, but at least every 30 days, by the physician and the therapist. Exceptions: ICF residents' plans must be revised as necessary.				
F221	PHARMACEUTICAL SERVICES (CONDITION OF PARTICIPATION) SNF (405.1127) ☐ MET ☐ NOT MET				
F222	A. Supervision SNF (405.1127(a)) (Standard) ☐ MET ☐ NOT MET				
F223	ICF (442.336) (Standard) ☐ MET ☐ NOT MET				
F224	The pharmacist reviews the drug regimen of each resident at least monthly and reports any irregularities to the medical director and administrator.				

NAME OF FACILITY

CODE	PHARMACEUTICAL SERVICES LABORATORY AND RADIOLOGIC SERVICES/SOCIAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Labeling of Drugs and Biologicals				
F225	SNF (405.1127(c)) (Standard) ☐ MET ☐ NOT MET				
F226	ICF (442.333) (Standard) ☐ MET ☐ NOT MET				
F227	The labeling of drugs and biologicals is based on currently accepted professional principles and includes the appropriate accessory and cautionary instructions as well as an expiration date when applicable.				
	LABORATORY AND RADIOLOGIC SERVICES (CONDITION OF PARTICIPATION)				
F228	SNF (405.1128) ☐ MET ☐ NOT MET				
F229	SNF (405.1128(a)) (Standard) ☐ MET ☐ NOT MET				
	Provision of Services				
F230	1. All services are provided only on the orders of a physician.				
F231	2. The attending physician is notified promptly of diagnostic findings.				
F232	3. Signed and dated reports of a clinical laboratory, X-ray and other diagnostic services are filed with the resident's medical record.				

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NAME OF FACILITY

CODE	SOCIAL SERVICES/ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
	SOCIAL SERVICES (CONDITION OF PARTICIPATION)				
F233	SNF (405.1130) ☐ MET ☐ NOT MET				
F234	SNF (405.1130(a)) (Standard) ☐ MET ☐ NOT MET				
F235	ICF (442.344) (Standard) ☐ MET ☐ NOT MET				
F236	A. Plan The medically related social and emotional needs of the resident are identified.				
F237	B. Provision of Services Services are provided to meet the social and emotional needs by the facility or by referral to an appropriate social agency.				
F238	2. If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency.				
	ACTIVITIES (CONDITION OF PARTICIPATION)				
F239	SNF(405.1131) ☐ MET ☐ NOT MET				
	Provision of Services				
F240	SNF (405.1131(b)) (Standard) ☐ MET ☐ NOT MET				

NAME OF FACILITY

CODE	ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
F241	ICF (442.345) (Standard) ☐ MET ☐ NOT MET				
F242	1. An ongoing program of meaningful activities is provided based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of their choice, if any.				
F243	2. Unless contraindicated by the attending physicians each resident is encouraged to participate in the activities program.				
F244	3. The activities promote the physical, social and mental well-being of the resident.				
F245	4. Equipment is maintained in good working order.				
F246	5. Supplies and equipment are available.				

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	MEDICAL RECORDS (CONDITION OF PARTICIPATION)				
F247	SNF (405.1132) ☐ MET ☐ NOT MET				
	Content				
F248	SNF (405.1132(c)) (Standard) ☐ MET ☐ NOT MET				
F249	ICF (442.318) (Standard) ☐ MET ☐ NOT MET				
F250	1. The medical record contains sufficient information to identify the resident clearly, to justify diagnoses and treatment, and to document results accurately.				

NAME OF FACILITY

CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
	2. The medical record contains the following information:				
F251	a. Identification information				
F252	b. Admission data including past medical and social history				
F253	c. Transfer form, discharge summary from any transferring facility				
F254	d. Report of resident's attending physician				
F255	e. Report of physical examinations				
F256	f. Reports of physicians' periodic evaluations and progress notes				
F257	g. Diagnostic reports and therapeutic orders				
F258	h. Reports of treatments				
F259	i. Medications administered				
F260	j. An overall plan of care setting forth goals to be accomplished through each service's designed activities, therapies and treatments.				
F261	k. Assessments and goals of each service's plan of care				
F262	l. Treatments and services rendered				
F263	m. Progress notes				
F264	n. All symptoms and other indications of illness or injury including date, time and action taken regarding each problem.				

NAME OF FACILITY

CODE	TRANSFER AGREEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	TRANSFER AGREEMENT (CONDITION OF PARTICIPATION)				
F265	SNF (405.1133) ☐ MET ☐ NOT MET				
F266	SNF (405.1133(a)) (Standard) ☐ MET ☐ NOT MET				
F267	ICF (442.316) (Standard) ☐ MET ☐ NOT MET				
F268	A. Whenever the attending physician determines that a transfer is medically appropriate between a hospital or a facility providing more specialized care and the nursing facility, admission to the new facility shall be effected in a timely manner.				
F269	B. Information necessary for providing care and treatment to transferred individuals is provided.				

NAME OF FACILITY _____

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	PHYSICAL ENVIRONMENT (CONDITION OF PARTICIPATION)				
F270	SNF (405.1134) ☐ MET ☐ NOT MET				
	A. Nursing Unit				
F271	SNF (405.1134(d)) (Standard) ☐ MET ☐ NOT MET				
F272	1. The unit is properly equipped for preparation and storage of drugs and biologicals.				
F273	2. Utility and storage rooms are adequate in size.				
F274	3. The unit is equipped to register resident calls with a functioning communication system from resident areas including resident rooms and toilet and bathing facilities.				
	B. Dining and Activities Area				
F275	SNF (405.1134(g)) (Standard) ☐ MET ☐ NOT MET				
F276	ICF (442.329) (Standard) ☐ MET ☐ NOT MET				
F277	1. The facility provides one or more clean, orderly and appropriately furnished rooms of adequate size, designated for resident dining and resident activities.				
F278	2. Dining and activity rooms are well lighted and ventilated.				
F279	3. Any multipurpose room used for dining and resident activities has sufficient space to accommodate all activities and prevent their interference with each other.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F280	SNF (405.1134(e)) (Standard) ☐ MET ☐ NOT MET Indicators C and D apply to this standard for SNFS.				
	C. Resident Rooms				
F281	ICF (442.325) (Standard) ☐ MET ☐ NOT MET				
F282	1. Single resident rooms have at least 100 square feet.				
F283	2. Multiple resident rooms have no more than four residents and at least 80 square feet per resident.				
F284	3. Each room is equipped with or conveniently located near toilet and bathing facilities.				
F285	4. There is capability of maintaining privacy in each.				
F286	5. There is adequate storage space for each resident.				
F287	6. There is a comfortable and functioning bed and chair plus a functional cabinet and light.				
F288	7. The resident call system functions in resident rooms.				
F289	8. Each room is designed and equipped for adequate nursing care and the comfort and privacy of the residents.				
F290	9. Each room is at or above grade level.				
F291	10. Each room has direct access to a corridor and outside exposure. Exception: Not required for ICF residents.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	D. Toilet and Bath Facilities				
F292	ICF (442.326) (Standard) ☐ MET ☐ NOT MET				
F293	1. Facilities are clean, sanitary and free of odors.				
F294	2. Facilities have safe and comfortable hot water temperatures.				
F295	3. Facilities maintain privacy.				
F296	4. Facilities have grab bars and other safeguards against slipping.				
F297	5. Facilities have fixtures in good condition.				
F298	6. The resident call system functions in toilet and bath facilities.				
	E. Social Service Area				
F299	SNF (405.1130(b)) (Standard) ☐ MET ☐ NOT MET				
F300	1. Ensures privacy for social service interviewing.				
F301	2. Adequate space for clerical and interviewing functions is provided.				
F302	3. Facilities are easily accessible to residents and staff.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	F. Therapy Areas				
F303	SNF (405.1126(a)) (Standard) ☐ MET ☐ NOT MET				
F304	ICF (442.328(a)) ☐ MET ☐ NOT MET				
F305	1. Space is adequate for proper use of equipment by all residents receiving treatments.				
F306	2. Equipment is safe and in proper working condition.				
	G. Facilities for Special Care				
F307	SNF (405.1134(f)) (Standard) ☐ MET ☐ NOT MET				
F308	ICF (442.328(b)) ☐ MET ☐ NOT MET				
F309	1. Single rooms with private toilet and handwashing facilities are available for isolating residents.				
F310	2. Precautionary signs are used to identify these rooms when in use.				
	H. Common Resident Areas				
F311	SNF (405.1134(j)) (Standard) ☐ MET ☐ NOT MET				
F312	ICF (442.324) (Standard) ☐ MET ☐ NOT MET				
F313	1. All common resident areas are clean, sanitary and free of odors.				
F314	2. Provision is made for adequate and comfortable lighting levels in all areas.				
F315	3. There is limitation of sounds at comfort levels.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F316	4. A comfortable room temperature is maintained.				
F317	5. There is adequate ventilation through windows or mechanical means or a combination of both.				
F318	6. Corridors are equipped with firmly secured handrails on each side.				
F319	7. Staff are aware of procedures to ensure water to all essential areas in the event of loss of normal supply.				
	I. Maintenance of Building and Equipment				
F320	SNF (405.1134(i)) (Standard) ☐ MET ☐ NOT MET				
F321	1. The interior and exterior of the building are clean and orderly.				
F322	2. All essential mechanical and electrical equipment is maintained in safe operating condition.				
F323	3. Sufficient storage space is available and used for equipment to ensure that the facility is orderly and safe.				
F324	4. Resident care equipment is clean and maintained in safe operating condition.				
F325	ICF (442.331(b)) ☐ MET ☐ NOT MET Indicators J thru L apply to ICFs.				
	J. Dietetic Service Area				
F326	SNF (405.1134(h)) (Standard) ☐ MET ☐ NOT MET				
F327	1. Kitchen and dietetic service areas are adequate to insure proper, timely food services for all residents.				
F328	2. Kitchen areas are properly ventilated, arranged, and equipped for storage and preparation of food as well as for dish and utensil cleaning, and refuse storage and removal.				

NAME OF FACILITY

CODE	PHYSICAL ENVIRONMENT/INFECTION CONTROL	YES	NO	N/A	EXPLANATORY STATEMENT
F329	K. Hygiene of Dietary Staff SNF (405.1125(f)) (Standard) ☐ MET ☐ NOT MET				
F330	1. Dietetic service personnel practice hygienic food handling techniques.				
F331	L. Dietary Sanitary Conditions SNF (405.1125(g)) (Standard) ☐ MET ☐ NOT MET				
F332	1. Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.				
F333	2. Waste is disposed of properly.				
F334	M. Emergency Power SNF (405.1134(b)) (Standard) ☐ MET ☐ NOT MET				
F335	1. An emergency source of electrical power necessary to protect the health and safety of residents is available in the event the normal electrical supply is interrupted.				
F336	2. Emergency power is adequate at least for lighting in all means of egress; equipment to maintain fire detection, alarm, and extinguishing systems; and life safety support systems.				
F337	3. Emergency power is provided by an emergency electrical generator located on the premises where life support systems are used.				
	INFECTION CONTROL (CONDITION OF PARTICIPATION)				
F338	SNF (405.1135) ☐ MET ☐ NOT MET				
F339	A. Infection Control SNF (405.1135(b)) (Standard) ☐ MET ☐ NOT MET				
F340	Aseptic and isolation techniques are followed by all personnel.				

NAME OF FACILITY

CODE	INFECTION CONTROL/DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F341	B. Sanitation SNF (405.1135(c)) (Standard) ☐ MET ☐ NOT MET				
F342	The facility maintains a safe, clean, and orderly interior.				
F343	C. Linen SNF (405.1135(d)) (Standard) ☐ MET ☐ NOT MET				
F344	ICF (442.327) (Standard) ☐ MET ☐ NOT MET				
F345	1. The facility has available at all times a quantity of linen essential for proper care and comfort of residents.				
F346	2. Linens are handled; stored, processed, and transported in such a manner as to prevent the spread of infection.				
F347	D. Pest Control SNF (405.1135(e)) (Standard) ☐ MET ☐ NOT MET				
F348	ICF (442.315(c)) (Standard) ☐ MET ☐ NOT MET				
F349	1. The facility is maintained free from insects and rodents.				
	DISASTER PREPAREDNESS (CONDITION OF PARTICIPATION)				
F350	SNF (405.1136) ☐ MET ☐ NOT MET				
F351	SNF (405.1136(a)) (Standard) ☐ MET ☐ NOT MET				
F352	ICF (442.313) (Standard) ☐ MET ☐ NOT MET indicators A and B apply to this standard for ICFs.				
F353	A. Disaster Plan 1. Facility staff are aware of plans, procedures to be followed for fire, explosion or other disaster.				

NAME OF FACILITY

CODE	DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
F354	2. Facility staff are knowledgeable about evacuation routes.				
F355	3. Facility staff are aware of their specific responsibilities in regard to evaluation and protection of residents.				
F356	4. Facility staff are aware of methods of containing fire.				
	B. Drills				
F357	SNF (405.1136(b)) (Standard) ☐ MET ☐ NOT MET				
F358	1. All employees are trained, as part of their employment orientation in all aspects of preparedness for any disaster.				
F359	2. Facility staff participate in ongoing training and drills in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster.				

SKILLED NURSING FACILITY & INTERMEDIATE CARE FACILITY

SURVEY REPORT — PART B

CRUCIAL DATA EXTRACT

(To be used with 7-88 Revision of Form HCFA-519)

PROVIDER NO.	FACILITY NAME	SURVEY DATE
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SURVEY TEAM COMPOSITION

*F1: INDICATE THE NUMBER OF SURVEYORS ACCORDING TO DISCIPLINE:

A. _____ ADMINISTRATOR	H. _____ LIFE SAFETY CODE SPECIALIST
B. _____ NURSE	I. _____ LABORATORIAN
C. _____ DIETITIAN	J. _____ SANITARIAN
D. _____ PHARMACIST	K. _____ THERAPIST
E. _____ RECORDS ADMINISTRATOR	L. _____ PHYSICIAN
F. _____ SOCIAL WORKER	M. _____ PSYCHOLOGIST
G. _____ QUALIFIED MENTAL RETARDATION PROFESSIONAL	N. _____ OTHER

NOTE: MORE THAN ONE DISCIPLINE MAY BE MARKED FOR SURVEYORS QUALIFIED IN MULTIPLE DISCIPLINES.

*F2: INDICATE THE TOTAL NUMBER OF SURVEYORS ONSITE: _____

*F193: DRUG ERROR RATE: _____% (Round % to nearest whole number.)

*SF5 Survey Form Indicator (Check one)

Traditional Survey

(1) ☐

New LTC Survey

(2) ☐

NOTE: PLEASE ATTACH COPY OF PAGES 2, 14 AND 15.